

# **The Experiences of Secondary Teachers Co-Constructing Mental Wellness Knowledge**

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By

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## Abstract

*Mental Wellness 30 (MW30)* is a Saskatchewan Ministry of Education–approved curriculum, providing students with a 30-level high school elective credit in the area of mental health and wellness. This qualitative collective case study examined four teachers’ experiences as they co-constructed knowledge and developed an understanding of mental wellness with their students by teaching the *MW30* curriculum. Vygotsky’s (1986) social constructivist theory framed this study, which focused on the interactions between students and their teachers as they co-constructed knowledge. During this two-month-long study, data were collected through detailed field notes and online interviews with the participating teachers. Three common themes emerged in relation to the co-construction of knowledge: 1) *Increased Student Engagement: Teachers and Students Co-create Pedagogical Decisions Supporting Positive and Safe Classrooms*; 2) *Emotional Scaffolding: The Role of Emotions in the MW30 Learning*; and 3) *Valuable Learning Occurs When Social Interactions are Embedded in Curriculum and Pedagogy*. The findings of this study highlight the need for implementing the *MW30* curriculum in Saskatchewan schools, the benefits of which include fostering greater mental health literacy for students and teachers. The overarching demographics of mental health issues within student populations further highlight the need to attend to students’ mental health and provide them with the knowledge, skills, and tools to move forward in life as productive, happy individuals.

*Keywords:* mental health literacy, mental wellness, secondary teachers, student engagement, social constructivism, self-awareness, social and emotional learning, contact-based education.

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# **CHAPTER 1**

## **Introduction**

Substantiated research has shown behavioral, emotional, and mental disorders affect one in five adolescents each year (Andrews et al., 2013; Haavik et al., 2019; Hughes et al., 2016; Kutcher et al., 2013; Malla et al., 2016; Rickwood et al., 2019; Rodger et al., 2014; Watson & Lemon, 2011; Wei et al., 2015; WHO, 2020). Recent studies have found early identification and treatment is essential to decreasing the persistence and severity of mental health challenges. These challenges often develop during the transition from childhood to adulthood (Andrews et al., 2013; Goodwin et al., 2016; Haavik et al., 2019; Hughes et al., 2016; Kutcher et al., 2013; Malla et al., 2016; Rickwood et al., 2019; Rodger et al., 2014; Watson & Lemon, 2011; Wei et al., 2015; WHO, 2020). The Mental Health Commission of Canada (2012) indicated “up to 70 percent of young adults living with mental health problems report that the symptoms started in childhood” (p. 24). According to statistics, only 20%–25% of Canadian adolescents are getting the help they need, yet the required access to mental health care remains limited (Iyer et al., 2015; Malla et al., 2016; Rowley et al., 2005).

Adolescence is a stage of development that has the potential to be a difficult transitional period where young people seek a sense of identity, belonging, and meaningful relationships (Hawkrige, 2018; Kelly et al., 2007; Watson & Lemon, 2011). Most unfortunately, this phase of development is often associated with increased stress, low self-esteem, and inadequate use of effective coping skills, which can increase the risk and severity of mental health challenges (Rowley et al., 2005; WHO, 2020). Complicating the situation, a myriad of emotional, physical, behavioural, and psychological transitions occur at the same time (Rehana et al., 2016; WHO, 2020). Hawkrige (2018) concludes that adolescents are prone to risky behaviours. These

behaviours include poor judgment due to the changes in their prefrontal cortex and limbic systems, which are the areas of the brain responsible for self-regulation and emotional control. Risk-taking behaviours established during adolescence may continue into adulthood, contributing to adverse health outcomes (Brownlie, 2019; Hawkridge, 2018; Kutcher et al., 2016; Meldrum et al., 2009; Vidourek & Burbage, 2019). Many adolescents can persevere through these transitions; however, an increasing number of adolescents find these stressors too demanding (Watson & Lemon, 2011). Adolescents with high levels of stress become susceptible to mental health challenges. Many of these challenges manifest into depression, anxiety, substance abuse, eating disorders, self-harm, and suicide (Iyer et al., 2015; Rowley et al., 2005). Adolescence is a critical period to develop and strengthen mental health and wellness literacy to increase knowledge and enhance help-seeking behaviours (Carr et al., 2018; Kelly et al., 2007; Kutcher et al., 2013; Kutcher et al., 2016).

Mental health and wellness literacy equips adolescents with the self-awareness and proactive knowledge required to overcome adversity and decrease the persistence and severity of mental health challenges (Andrews et al., 2013; Haavik et al., 2019; Hughes et al., 2016; Iasiello et al., 2019; Kutcher et al., 2013; Malla et al., 2016; Rickwood et al., 2019; Rodger et al., 2014; Rowley et al., 2005; Watson & Lemon, 2011; Wei et al., 2015; WHO, 2020). It is acknowledged that teachers and schools play an important role in student mental health and wellness (Kelly et al., 2007). While this may be true, recent findings indicate teachers lack the formal education and generally feel unprepared to promote mental health and wellness literacy or address the mental health concerns in their classrooms (Carr et al., 2018; Mazzer & Rickwood, 2015; Whitley et al., 2009). These findings demonstrate the need for more teacher education in mental health and wellness literacy because it is widely known that early identification and treatment can

significantly improve an adolescent's quality of life (Goodwin et al., 2016; Kelly et al., 2007; Kutcher et al., 2013; Rodger et al., 2014).

Contributors to mental health disorders are complex and unique to each individual. Recent research indicates that technology, social media, and increased pressure to succeed in multiple domains, can trigger anxiety, depression, body dysmorphia, and other mental health issues (Primack et al., 2017). Unfortunately, the fear of stigma and social discrimination associated with mental illness remains a core barrier for adolescents seeking the services and help they need (Kutcher et al., 2013; McGorry & Mei, 2018; Milin et al., 2016, Roeser et al., 2000; WHO, 2020). Schools have an essential role to play in reducing that stigma. Improving the attitudes associated with mental illness is important so that adolescents are not ashamed of seeking professional mental health support (Barry et al., 2014; Kelly et al., 2007; Kutcher et al., 2013; Rodger et al., 2014). These are factors which contribute to the challenges of adolescents and they also emphasize the urgent need for proactive programs which promote wellness and assist adolescents in improving their mental health literacy, self-regulation, and necessary resilience (Hawkrige, 2018; Rowley et al., 2005).

The school environment is ideal for promoting and normalizing mental health and wellness education due to the large number of young people present (Barry et al., 2014; Kelly et al., 2007; Kutcher et al., 2013; Milin et al., 2016; Rodger et al., 2014). Milin et al. (2016) found that increasing mental health knowledge in schools effectively reduced the stigma associated with mental illness. Researchers identified initiatives that aim to improve attitudes alongside raising awareness about mental health. These initiatives strengthen an individual's tendency to disclose their challenges and seek the help they need (Barry et al., 2014; Kelly et al., 2007; Kutcher et al., 2013). Experts agree, that building a foundation for mental wellness literacy skills

in an adolescent's early life, can effectively address the promotion of mental health and professional services (Kelly et al., 2007; Kutcher, 2017; Kutcher et al., 2013; Milin et al., 2016; Rodger et al., 2014). This literature affirmed that adolescents must be equipped with knowledge, supports, and resources to reduce stress, promote positive mental health, fulfill their potential, and overcome adversity (Iasiello et al., 2019; Kelly et al., 2007; Rowley et al., 2005). According to Rowley et al. (2005) the "greater the resources available for overcoming the present obstacle, the higher the hope or expectation of a positive outcome" (p. 554).

The Mental Health Commission of Canada (2013) stated "good mental health buffers us from the stresses and hardships that are part of life for everyone and can help reduce the risk of developing mental health problems and illnesses" (p. 3). In addition, research suggests incorporating a wellness approach when supporting and educating adolescents with their mental health and well-being (Myers et al., 2011; Spurr et al., 2012; Watson & Lemon, 2011). This can be done through wellness models that encourage adolescents to construct healthy, protective behaviours for a lifetime of productive relationships and optimal mental health (Kilborn, 2012). According to Watson and Lemon (2011), through identifying personal strengths and assets, adolescents are able to develop skills which allow them to seek and understand resources while applying them to the challenges faced throughout life.

Furthermore, it was noted adolescents that utilize their spiritual, physical, emotional, mental, and social domains are more resilient and can cope more effectively with external environmental stressors (Myers et al., 2011; Spurr et al., 2012). As a result, empowering adolescents to focus on personal strengths rather than weaknesses, may establish a healthy foundation of self-esteem and self-efficacy (Usher et al., 2008; Watson & Lemon, 2011). Teaching adolescents to maintain optimal mental health and wellness increases opportunities to

improve their quality of life at home, in school, and in their community (Spurr et al., 2012). Researchers suggest incorporating a holistic wellness approach into education because it empowers adolescents to build on their strengths as they mature (Rowley et al., 2005; Spurr et al., 2012; Watson & Lemon, 2011). In sum, the need for mental health and wellness literacy for both adolescents and teachers is important for increasing knowledge, reducing stigma, and improving help-seeking behaviours (Carr, 2018; Kutcher et al., 2013; Kutcher et al., 2015).

### **Background**

Throughout the past 15 years, I have taught high school to both rural and urban students in Saskatchewan. My passion for physical activity and coaching steered me towards teaching in the gymnasium. I taught Physical Education (PE), Christian Ethics, and Health at a sizeable urban high school for ten years, where my work was both interactive and integrative.

Programming within my PE classes involved the direct inclusion of 15 functionally integrated students with mainstream students. My role was personal and active, and I found it inspiring to assist youth in living stronger, healthier lives. I learned that my strengths were in classroom management: motivating students to be active, sharing my enjoyment of PE, adapting the classroom to be more inclusive of all participants, and building lifelong relationships with my students and colleagues.

My experiences teaching provided me with insight into the challenges teachers face with students, curricula, and inclusion. I have been able to see the possibilities that would enhance learning and inclusion for students. One of my greatest experiences as a teacher was researching for my Master's in Curriculum Studies, where I developed *Inclusion 10*, a Grade 10– level course implemented at an urban school. This program brought functionally integrated students into a mainstream physical education setting and responded to the pedagogical needs of teachers



challenged with providing a more inclusive PE classroom. *Inclusion 10* was created, piloted, and studied as part of my master's work, and the positive outcomes were rewarding. *Inclusion 10* demonstrated increased self-esteem with the functionally integrated students and healthy, caring relationships built amongst all PE students involved. Teachers and students involved in *Inclusion 10*, were learning, having fun, and experienced an improved overall level of wellness. Creating this inclusive resource and building teachers' capacity for inclusive practices with their students was a highlight of my career.

Moving to an online teaching position at the Sun West Distance Learning Center (DLC), was difficult for me. I felt lost and displaced. Emotional and social skills such as working with others, making friends, appreciating diversity, and displaying team spirit are difficult to observe in my online students, and were qualities that helped build my overall perception of the student outside of the face-to-face classroom. These skills, which helped form my professional identity and made me who I am, were no longer required of me. In the online world, I may never see some of my students' faces, which has been a difficult transition for me. I know their names, which community and the school they come from, but unless they set up a Skype conversation, I will never put a face to those identities. I could no longer use students' facial and body expressions as tools to adapt the lesson and to gauge if they were enjoying the content or not.

Prior to 2015, an online K–9 PE curriculum had not been established in the Province of Saskatchewan. When the opportunity arose to develop and implement one in my community, I felt inspired to try something different. The DLC is located in Kenaston, Saskatchewan, and is an online school that provides educational opportunities for 1,200 students, ranging from kindergarten to adult ages, across the province. I was motivated to develop and design something

dynamic, unique, and exciting to contribute to the province's education system. The K-9 PE online curriculum was successfully developed and implemented in 2018.

As I began to settle into online teaching at the DLC, the mental health challenges faced by my students became apparent. The number of students, in every subject and every grade, reaching out for support and education in the area of mental health and wellness, was shocking. They expressed interest to their teachers in learning about mental health issues and interventions, either for themselves or for others in their lives. Therefore, it became evident that the DLC needed to offer an educational experience to address these needs.

Numerous students in Saskatchewan chose to register with the DLC as part of their solution to dealing with the stressors of balancing work alongside achieving either a Grade 12 diploma or an Adult 12 diploma. Furthermore, cumulative records showed that two thirds of students registered at the DLC have a history of mental health experiences. Due to a combination of negative school experiences and the barriers of their mental illnesses, these students struggled to engage in face-to-face learning. Often, students who live in remote or rural areas have limited access to mental wellness education, support, and care. Students living in areas where wellness supports are not readily available might never learn the importance of balancing all wellness domains to support their mental health.

In April 2018, one of my online students called me from the mental health hospital in Saskatoon to explain why she was falling behind in her academics. She suffered from multiple mental health disorders and was trying to complete her Grade 12 diploma. Her mental illness restricted her from attending school and completing her courses on time to graduate with her friends. I empathized as she began telling me her story about the medications and interventions she had been through and the enduring, failing treatments that had brought her to this point. I

went to visit this student in the psychiatric hospital, where we discussed ways that schools and education could better support students seeking knowledge around mental health and wellness. We also discussed mental health and wellness strategies, skills, and resources that may have been helpful to her early in her adolescent years. According to Malla et al. (2016) and Rickwood et al. (2019), participation of youth in the design of mental health and wellness education and services is critical to ensure it is both responsive to their needs and is youth centric. This student became an integral part of writing the *MW30* curriculum and the design of the online course. According to Resnick (2000), some of the most exciting and innovative wellness-based programs are grounded in youth perspective and are unique to adolescents living in the 21<sup>st</sup> Century.

My past experience with *Inclusion 10* provided me with perspective on the challenges that teachers face with the demands of new pedagogies and curricula. As previously mentioned, in my role at the DLC, I observed another similar need as evidence mounted that student mental wellness was a strong concern, and no distinct curriculum existed to serve this need. Teachers felt unprepared to teach about mental health and wellness. As teachers, we were frustrated by the increased need to understand mental health, and our lack of knowledge in this key area was evident. We sensed an overwhelming demand to address the state of mental health within our students. In order to help the students learn proactive ways to deal with stress, while promoting mental well-being, we, the teachers, tried to find stress-reducing strategies and resources. Teachers recognized they were not specialists within the mental health field. However, they believed in their capacity to make a difference in students' lives through education: What was required was a curriculum providing knowledge, outcomes, and a pathway for learning about mental health and wellness. As a teacher interested in curriculum development, I jumped on board to help make this happen.

Three teachers, a student, and a counselor from the DLC designed a 100-hour credit curriculum, called *Mental Wellness 30*. Multiple people, including a current DLC student, Sun West School Division psychologist, an employee from the Canadian Mental Health Association, a professor from the University of Saskatchewan, and a professor from the University of Regina reviewed the *MW30* curriculum. The Saskatchewan Ministry of Education approved the *MW30* curriculum in August of 2018. It has since been endorsed by the following individuals and organizations: the Saskatchewan Advocate for Children and Youth, the Saskatchewan Division of the Canadian Mental Health Association, Royal Bank of Canada (RBC), Orano Canada, and Indigenous community leader Chief Darcy Bear of the Whitecap Dakota First Nation.

### **Mental Wellness 30**

*Mental Wellness 30 (MW30)* is a 30-level elective course on mental wellness, providing both theory and applied learning about mental health issues to support healthy living in students 15 years of age and older. *MW30* assists them in expanding their interest and knowledge on the subject matter, and additionally, helps them in creating a personal mental wellness support plan. The purpose of *MW30* is to develop competent and confident students who appreciate and understand the importance of living a balanced and healthy lifestyle. The *MW30* curriculum aims to support students' education by promoting social, mental, physical, spiritual, and emotional balance. The course also helps students to improve their resiliency and expand their awareness of strategies and resources for developing positive mental health, all while reducing the stigma associated with mental illness (Sun West School Division, 2018).

Through the *MW30* course, students earn a grade 12 credit for demonstrating an understanding of targeted mental health disorders and their psycho-anatomical structures, social responses, effective interventions and their cultural implications, as well as available community

resources. The *MW30* course encourages students to work on the mental wellness modules at their own pace and complete weekly surveys to analyze their mental health. Students are encouraged to authentically apply their understanding of mental wellness within a variety of contexts, which promotes lifelong learning, a positive approach to living, and independence and advocacy skills for themselves and others. Furthermore, students learn that wellness is a concept that is much broader than fitness and health (Sun West School Division, 2018).

To date, I have taught this online course four times, and it has become apparent that adolescents need this educational opportunity to learn how to positively and proactively take care of themselves. Since September 2019, the number of students enrolled in *MW30* has increased from 30 to 500, demonstrating the interest adolescents have in learning about mental health and wellness at the secondary level. Additionally, teaching *MW30* online has provided me with a greater understanding of the approaches in which teachers can use to open up dialogue around mental health and wellness through an online setting.

Through reading students' forum posts, journals, and assignments, the discovery was made that mental health and wellness literacy could play a vital role for adolescents. Through academic credits and offering relevant curriculum, it was found students were stimulated by showing an interest in their personal wellness while utilizing tools to protect personal mental health, well-being, and most importantly reducing the stigma associated with mental illness. It was evident many students benefited from learning more about themselves as they acquired new strategies that they could apply and go on to live a healthier life. Students frequently described their enjoyment in reading and responding to the online forums. The online students found value in learning from their peers across the province whilst gaining a sense of connection and support. The students also showed an exceptional interest in listening to the stories of recovery and resiliency from those who

have endured mental health challenges. In particular, the testimonials conveyed by individuals with lived mental health experience helped students understand and relate to others. Above all, they learned that they, their peers, and their family members are not alone with their mental health challenges. Most importantly, students learn that it is okay to ask for help and seek professional support if they are struggling.

### **Next Steps: Face-to-Face *MW30* Classrooms**

In order to prepare myself to teach *MW30*, I relied on the knowledge and experience of numerous Sun West School Division employees including counselors, education psychologists, student support teachers, and classroom teachers. Becoming certified in Mental Health First Aid and Mental Health Peer Support Training, and the knowledge and experience I gained from the ten years I spent teaching Physical Education and Wellness 10 assisted in the preparation to pursue teaching *MW30*. Many teachers are unsure about addressing mental health questions and problems in their classrooms (Barry et al., 2014; Graham et al., 2011), thus creating a state of vulnerability for both the students and teachers, as well as creating a barrier in teaching the *MW30* course.

When teachers do not have the necessary skills to educate their students on mental health and wellness, they are vulnerable to poorly addressing the associated factors in their classrooms and run the possibility of creating further disturbances in the well-being of the students (Barry et al., 2014). Decreasing this state of vulnerability is crucial; therefore, developing *MW30*, including both the online course and its accompanying teacher resources, provided a possible solution by improving mental health literacy in both teachers and students at the DLC. After developing the course, I received multiple emails and phone calls from teachers across the province looking for support and resources in bringing the course to their own classrooms.

Despite creating *MW30* to educate the online DLC students, it became evident that an increasing number of teachers across the province wanted similar curricula in their face-to-face classrooms.

The purpose of this study was to investigate the experiences of four classroom teachers as they taught this curriculum together with their students for the first time. Since the *MW30* curriculum was just recently approved in 2018, it has been taught by only four teachers and has limited provincial exposure. Therefore, more research exploring teaching and learning within the *MW30* curriculum was needed. Teachers work in various environments, and what happens in one school or setting may not be comparable to what happens in another (Merriam, 1998). The intention of this research was to understand how teachers and students engaged with and react to the *MW30* curriculum as they learned from each other in face-to-face environments.

### **Problem Statement**

In the past, childhood and adolescence have been seen as a time of good health and optimism (Bates & Eccles, 2008). More recently, reports have documented the increasing prevalence of young people struggling with mental health issues (Mental Health Commission of Canada, 2013; WHO, 2020). Due to adolescence being a critical time in the development of mental health and wellness literacy skills, mental illness, stress, inactivity, and obesity threaten the health and wellness of children and adolescents across Canada. It is a cause for concern when experts predict that today's generation will have a shorter life span than their parents (Bates & Eccles, 2008). According to the Canadian Mental Health Association (2020), "10-20% of Canadian youth are affected by a mental illness or disorder—the single most disabling group of disorders worldwide" (para. 5). Approximately, 75% of these disorders present during adolescence (Iyer, 2015; Malla et al., 2016; WHO, 2020). Despite these alarming numbers, evidence suggests that only one out of five children in Canada receive the mental health support

and services they need (Canadian Mental Health Association, 2020; Whitley et al., 2013). This attributes to the staggering statistics that suicide remains “the second leading cause of death worldwide for individuals in the 15–29 age range” (Lavery & Kelly, 2019, p. 107).

Mental health and wellness literacy provide individuals with the knowledge to recognize, support, manage, and help prevent mental health issues and illnesses (Chen et al., 2016; Cook et al., 2015; Kutcher et al., 2013). According to recent findings, the lack of mental health literacy, support, and services combined, contribute to cumulative impairments to how individuals’ function in their home, school, and community (Bates & Eccles, 2008; Government of Alberta Education, 2008; Iyer et al., 2015; Kutcher et al., 2013). Many researchers have found that adolescents demonstrate low mental health and wellness literacy but remain to have a high desire to deepen their knowledge on the subject (Chen et al., 2016; Jorm, 2012; Rickwood et al., 2019). Ultimately, educational experiences that provide mental health and wellness literacy are essential for engaging adolescents and their learning regarding mental wellness. Through engagement, these adolescents learn to improve their ability in recognizing the first onsets of mental health challenges and gain an awareness of how to access professional support (Barry et al., 2014; Kutcher et al., 2015).

Evidence clearly demonstrates teachers will encounter mental health issues among the adolescents in their classroom and acknowledge the critical role they have with their students’ mental health and wellness (Carr, 2018; Whitley et al., 2013). Still, many teachers feel inadequately prepared, trained, or educated to deal with these effectively (Goodwin et al., 2016; Graham et al., 2011; Russell-Mayhew et al., 2016; Whitley et al., 2013). The cultural, social, emotional, and economic diversity in the teachers’ classrooms, requires them to go beyond traditional teaching methods and implement research-based programs to encourage student



success (Graham et al., 2011). Therefore, the challenge faced by the teachers in today's society, is to discover and implement effective pedagogies and methodologies to promote the growth and development of their students' mental health and wellness (Atkins & Rodger, 2016; Goodwin et al., 2016; Russell-Mayhew et al., 2016).

### **Significance of the Study**

The purpose of this study was to examine how four select teachers and their students, engaged with the *MW30* curriculum, to co-construct mental health and wellness literacy. The significance of the study lies in how these understandings can inform the theory and practice of teaching and learning within the *MW30* curriculum, highlighting the challenges and changes needed for teachers and students to have a better engagement with the material. Teachers' responses to this curriculum are vital to assessing content relevance and student engagement. My hope is that the research will further direct and enhance the teaching of the course, allowing it to better meet the significant student demand for mental health and wellness education.

### **Definition of Terms**

The following terms are utilized in this study and defined as:

1. **Adolescence:** Individuals 10–24 years of age (Holloway, 2018; Rickwood et al., 2007; WHO, 2020).
2. **Contact-Based Education:** The involvement of individuals with mental health challenges sharing their personal stories (either online or in person) and conveying positive messages about recovery and hope with their audience (Cerully et al., 2018; Chen et al., 2016).

3. **Emotional Scaffolding:** Teacher initiated interactions that promote and support positive emotional experiences for students to achieve classroom goals and curricular outcomes (Meyer & Turner, 2007).
4. **Empathy:** Listening to and identifying with another individual's feelings to understand their experience and what they are going through (Noddings, 2010).
5. **Mental Health Literacy:** A foundation of knowledge and resources to manage mental health disorders, improve self-care and mental health resiliency, and promote positive help-seeking behaviours towards professional support and treatment (Kutcher 2016; Rootman & Ronson, 2005; Woloshyn & Savage, 2018).
6. **Mental Wellness:** A sense of intentionality, mindfulness, and management of one's emotions and thoughts while completing tasks in life (Myers et al., 2000; Traskevich & Fontanari, 2018).
7. **Mental Wellness 30 (MW30):** A 30-level high school elective curriculum which covers a broad range of mental wellness and mental health educational outcomes (Sun West School Division, 2018).
8. **Self-Awareness:** Having the capacity to pay attention to one's needs, thoughts, and feelings while maintaining control over one's reactions and emotions (Goleman, 1995; Shapiro, 2002).
9. **Self-Efficacy:** An individual's belief in their capacity to reach personal goals and persevere through challenging times (Bandura, 1999).

10. **Social Emotional Learning (SEL):** Links social and emotional skills (self-awareness, self-management, social awareness, relationship skills, and responsible decision-making) with personal, professional, and academic success (Durlak et al., 2015; Goleman, 1995).
11. **The Zone of Proximal Development (ZPD):** A developmental zone describing the difference between what an individual can achieve on their own and the potential level to which they can develop through interaction with a more knowledgeable peer or adult while learning (Vygotsky, 1978).
12. **Well-Being:** An individuals' perception of their personal health and the strategies they use to maintain positive social, spiritual, mental, physical, and emotional wellness (Gennings et al., 2021)

### **Summary**

Adolescence is “the peak period of vulnerability to mental health problems” (Rickwood et al., 2015, p. 1), which are of growing concern worldwide (WHO, 2020). Mental health challenges often become barriers to learning, contributing to personal and social problems (Kutcher et al., 2013). Research has found that many adolescents do not seek the professional assistance they need due to an absence of awareness, lack of access to resources, the perceived stigma associated with mental health challenges, and embarrassment around seeking professional support (Mazzer & Rickwood, 2015; Rickwood et al., 2015). Therefore, adolescence becomes a critical period for acquiring mental health and wellness knowledge to minimise the impact and progression of mental health problems and reduce the negative stigma associated with mental illness. The *MW30* curriculum was developed to improve adolescents' mental health and well-

being through promoting literacy and proactively educating students on the subject matter. This study explored four participants' first-time experiences teaching *MW30* face-to-face with their students. The following examination of the relevant literature provides a deeper understanding of the need for mental health and wellness curricula at the secondary level and a broader perspective of the important role teachers play in developing and maintaining positive teacher-student relationships.

## **CHAPTER 2**

### **Literature Review**

The literature review provides perspective on the importance of promoting mental health and wellness education in secondary curricula. The beginning of this chapter will explore the theoretical framework of Vygotsky's (1978) theory of social constructivism, as it guides how teachers and students socially co-construct and foster knowledge. Moving forward, an outline of the importance of mental health and wellness literacy in improving adolescent well-being is then provided, sharing how it reduces the stigma associated with mental illness and increases help-seeking behaviours in adolescents. The value of positive teacher and student relationships will then be discussed before moving forward to explore the research on teachers' challenges with self-efficacy in addressing and teaching mental health and wellness concepts and implementing the related pedagogical strategies in their classrooms.

### **Socially Constructed Knowledge**

The social constructivist theory framing this research study is rooted in the perspective of theorist Lev Vygotsky (1978). He suggested intellectual development occurs when students go beyond their current understanding and work collaboratively through the zone of proximal development (ZPD) often referred to as a space of transformative learning and intersubjectivity. Social constructivism highlights the interaction between people and their environment in the co-creation of knowledge, wherein individuals actively participate in learning through social interaction. This evolution of learning requires an individual, such as a teacher or peer, to use their superior skills to support a student's learning. In essence, the ZPD describes development and learning as a collective, continuous journey where individuals seek a "transformative understanding of the world" (Eun, 2019, p. 20).

Research shows that when students are presented with problems, new skills, and knowledge beyond their present ability to understand, teachers and capable peers need to provide guidance and support (Vygotsky, 1986). This knowledge highlights the critical role teachers' play as they scaffold to develop social traits and move into the zone of proximal development where learning occurs (Guseva & Solomonovich, 2017). Scaffolding can be integrated by teachers, to assist their students in internalizing the knowledge they have learned, so that they can apply it across varying future situations. Through this temporary provision of assistance and support, a student's learning expands beyond what they could have attained alone. Afterwards, as a teacher decreases the amount of support provided to their students, they must aim to enhance their student's ability to perform independently (Churcher et al., 2014). It is through interaction that individuals create ZPDs for each other "where intellect and affect are fused in a unified whole" (Vygotsky, 1986, p. 373).

According to social constructivist theory, individuals learn from engaging in shared learning experiences where each comes to a new and collective understanding (Brandi & Elkjaer, 2011). Dewey (1938) emphasized how "every experience lives on in further experiences" (p. 27). Dewey believed that learners need to consider the relationships that exists between current behaviours and consequences and "relate them to their past, present, and future experiences" (Brandi & Elkjaer, 2011, p. 28). While considering Dewey's perspective of experiences, it is prominent that learning occurs by personally transforming the social experience into an internalized product of knowledge that the learner can utilize. The aforementioned internalized product of knowledge is continuously shaped by new social experiences and knowledge (Elliot et al., 2013). Creswell's (2018) understanding is that as learners engage in the social process, they are developing their identity and constructing a new unique view of the world.

According to Amineh and Asl (2015) and Rasmussen et al. (2015), interaction and conversation have been essential tools in which individuals use to construct meaning from their experiences of socially engaging with others, as “learning is not restricted to taking place inside individuals’ minds but as a process of participation and interaction” (Brandi & Elkjaer, 2013, p. 28). As such, interaction with curriculum, teachers, and peers, expands students’ understanding of themselves and others, thus resulting in a co-creation of new knowledge about their worlds (Milin et al., 2016). Additionally, Brandi and Elkjaer (2013) found that opinions form and new attitudes are constructed by listening to other perspectives. The form of learning through others matures into authentic knowledge because individuals have connected their lived experiences with their present social reality (Merriam, 1998).

Through a social constructivist framework, the goal of inquiry is to interpret, understand, and describe the experiences of individuals as they interact within their social worlds (Creswell, 2018; Merriam, 2002). The interactions that occur amongst participants shape the researcher’s inquiry and learning. In the social constructivist worldview, “individuals seek understanding of the world in which they live and work. They develop subjective meanings of their experiences” (Creswell, 2018, p. 20), suggesting that there are multiple realities and truths (Merriam, 1998; Rasmussen et al., 2015; Stake, 1995). According to Creswell (2018), the goal of social constructivist research is “to rely on the participants’ views of the situation” (p. 327) and understand how the participants interpret and make meaning out of their world (Merriam, 2002).

As a result of the mental wellness curricula being so responsive to the individual teachers and students who are experiencing it, social constructivism was the most appropriate framework for situating the study. A social constructivism framework for research is analyzed further in depth within Chapter Three.

## **The Importance of Mental Health and Wellness Literacy**

An extensive amount of research continues to support the concept, in which schools play an essential role in preparing adolescents for adulthood. Schools are in a position where they have the ability to identify and support students' academic and psychological struggles (Durlak et al., 2015; Jarvis, 2011; Kutcher et al., 2015; Kutcher et al., 2016; Moon et al., 2017; Reupert & Mayberry, 2010). Given that 70% of mental health disorders can be diagnosed before the age of 25, it is essential to be proactive in schools (CAMH, 2020; Kelly et al., 2007; Kutcher et al., 2016; Malla et al., 2016; Moon et al., 2017). In all likelihood, the integration of mental health and wellness literacy would improve mental health promotion, prevention, and care (Crowe et al., 2018; Kutcher et al., 2016).

Considering adolescents spend the greater part of their day at school, schools can reach, support, and inform a large number of adolescents about productive health and wellness behaviours (Bandura, 2006; Brown, 2016; Kutcher et al., 2013; Kutcher et al., 2016; Rodger et al., 2014). Education, literacy, and the ability to learn are closely related to health status and behaviours in children and adolescents (Barnekow et al., 2006; Eccles & Bates, 2008). Moreover, Watson and Lemon (2011) indicated an increasing number of adolescents find the stress associated with their changing psychological, behavioural, emotional, and cognitive functions too challenging to handle. Recent evidence further demonstrates that stress is still a prevalent problem during adolescence (Cilar et al., 2020). As a result of this evidence, stress during adolescence leaves an already vulnerable population, susceptible to further problems in their future.

Research suggests, the concept of mental health and wellness literacy to include the knowledge required to recognize and positively manage one's mental health and well-being.



Additionally, mental health and wellness literacy increases resources to manage mental disorders, improve mental health resiliency, and gain the knowledge associated with mental health disorders and treatments (Jorm, 2012; Kutcher et al., 2016). This knowledge provides a foundation for positive mental health promotion, self-regulation, and self-care (Kutcher et al., 2016; Rootman & Ronson, 2005; Woloshyn & Savage, 2018).

### **Benefits of Improving Personal Mental Health Within Adolescents**

Other studies highlight the numerous benefits associated with targeting and strengthening personal areas of wellness, including adolescents in these areas could improve their resilience to debilitating mental health disorders and enhance their quality of life (Myers & Sweeney, 2008; Watson & Lemon, 2011). According to Myers et al. (2000) wellness can be described as a paradigm where body, mind, and spirit are integral pieces for understanding “the optimum state of health and well-being that each individual is capable of achieving” (p. 252). Traskevich and Fontanari (2018) explained that mental wellness is a multifaceted state that integrates “emotions and creativity, learning skills and professional efficiency, inner and outer balance, communication and positive thinking, ethics, and values.” The pair highlighted mental wellness as having a sense of intentionality and mindfulness while completing tasks in life. Additional research affirmed, mental wellness includes having realistic beliefs, accepting imperfections, and effectively managing one’s emotions: one’s ability to adapt and maintain a flexible response to life’s stresses. Similarly, Myers and O’Hagen indicated that a person’s mental wellness relies on them taking responsibility for incorporating proactive tools to buffer life’s stresses (Myers et al., 2000; O’Hagen et al., 2010).

## **Stigma Surrounding Mental Health and Wellness**

Current research suggests, mental health and wellness literacy has been shown to reduce the stigma associated with mental illness and increase help-seeking behaviours (Vidourek & Burbage, 2019). Considering the factors mentioned by Vidourek and Burbage, adolescence is a critical time to implement such anti-stigmatizing interventions because negative attitudes rooted in childhood can emerge during this phase (Chen et al., 2016). Kutcher et al. (2016) indicated that discussing mental illness and recovery in schools is critical for early detection and the ability to seek support, as it reduced ignorance and corrected misinformation about mental illness. Improving mental health and wellness literacy plays a fundamental role in developing self-esteem and fostering the pursuit of happy, healthy, and active lives (Myers et al., 2011).

Mental illness has continued to be profoundly stigmatized, despite the alarmingly high rates of Canadians currently experiencing related problems (Chen et al., 2016; Mental Health Commission of Canada, 2013). Due to a lack of empathy and compassion towards people with mental illness and the reinforcement of the surrounding stigma, the possibility of discouraging adolescents from disclosing and seeking help for their mental health challenges becomes more apparent (Kutcher et al., 2013; Schomerus & Angermeyer, 2008). Contact-based education, which involves people with lived experiences of mental illness sharing their personal stories and conveying positive messages of hope to their audience, could reduce this stigma and significantly improve attitudes, knowledge, and behaviours within the domain of their personal mental health and wellness (Atkins & Rodger, 2016; Chen et al., 2016). Hearing from the perspectives of people directly affected by mental illness has empowered adolescents to shift their attitudes and learn more about mental health and mental illness (Chen et al., 2016). In conjunction,

interventions that aim to reduce stigma are essential in encouraging empathy and help-seeking behaviours in adolescents (Chen et al., 2009).

Developing an empathetic understanding of another individual's mental health challenges and recovery could potentially change perspectives about mental illness and reduce stigma (Kutcher et al., 2013; Patten et al., 2012). Due to the result of listening to another person's experience, adolescents can identify commonalities and symptoms of distress and gain compassion. Sharing a common experience of anxiety, sadness, or fear has helped adolescents recognize the humanity of an individual experiencing mental illness (Atkins & Rodger, 2016; Beales & Wilson, 2015; Chen et al., 2009; Mulvale et al., 2019). As a result, contact-based education was encouraged to meet numerous *MW30* curricular outcomes and build a sense of connection in the classroom.

### **Benefits of Positive Social Interactions Within Schools**

According to research, it has been indicated that individuals who have connected with others, report higher levels of good health, self-esteem, confidence, and self-worth (Chandra & Minkovitz, 2007; Myers et al., 2011). In adolescence, positive interpersonal relationships between peers can reduce anxiety and depression while increasing calmness and shielding the impacts of stressful life events (Spurr et al., 2012). Additional evidence shows that learning from others, rather than in isolation, cultivates a sense of community and teamwork. The result of interactions and social experiences that foster positive relationships, reduce social anxiety, and embody trust, may lead to students finding a deeper understanding of the material and the motivation to engage with it (Engles et al., 2016).

According to Ahanonu and Jooste (2016), the concept of improving adolescent knowledge in wellness has emerged as a priority due to the choices in which adolescents make,

affecting them well into their adult years. Bates and Eccles (2008) suggested mental health and wellness related curricula at the secondary level may have profound, lifelong benefits for adolescents as the course credit can incentivize them to develop the foundation and tools to balance many dimensions of their wellness (Bates & Eccles, 2008; Brown, 2016; Saskatchewan Learning, 2004). Saskatchewan Learning (2004) showed that mental health and wellness literacy provides adolescents with opportunities to acquire fundamental life skills. In order to maximize adolescents' wellness and lifelong success, Kutcher (2017) and Myers et al. (2000) suggested promoting and encouraging mental health and wellness literacy in schools. Incorporating a mental wellness curriculum in the classroom, that addresses relevant literacy into secondary schools could assist secondary students in identifying ways they can be more proactive and successful in life. Furthermore, understanding that the absence of growth in one or more of the wellness domains is predicted to lower an individual's sense of self-worth (Spurr et al., 2012; Watson & Lemon, 2011). Learning to make positive wellness choices at an early age can have a cumulative effect on an adolescent's life span; rather than inflating their weaknesses, every child's inherent strengths must be nurtured (Usher et al., 2008).

Mental health and wellness literacy lays the foundation for being better equipped to identify strengths and needs in themselves and others (Burns & Rapee, 2006; Canadian Alliance on Mental Illness and Mental Health, 2007; Haavik et al., 2019). As a result, empowering adolescents facilitates resiliency, teaches responsibility, and improves confidence, self-esteem, and leadership skills (Portvin-Boucher & Malone, 2014). Kutcher et al. (2015) found that having a strong foundation in mental health and wellness literacy, enabled adolescents to distinguish normal psychological distress from mental health disorders and promote help-seeking and self-care behaviours. Raising adolescents' mental health and wellness literacy could increase the

likelihood of adolescents appropriately responding to signs of distress by seeking support (Haavik et al., 2019; Kelly et al., 2007; Kutcher et al., 2013). All of these studies continue to create the case for engaging students in mental health and wellness literacy.

Opportunities exist for Saskatchewan to enhance and expand mental health and wellness-related curricula at the secondary level. As this examination of the literature has shown, increasing mental health and wellness literacy could potentially boost wellness knowledge, skills, and behaviours in adolescents (Kutcher et al., 2013). An increase in literacy has the potential to provide students with the opportunity to practice and apply social, emotional, mental, physical, and spiritual competencies into their daily lives (Bates & Eccles, 2008; Carr et al., 2018). Kilborn (2012) claimed that increasing wellness-related curricula “offers a new direction for the future to help achieve the goal of improving health and learning outcomes for all students” (p. 11). In Canada, up to 20% of adolescents suffer from a mental health disorder (CMHA, 2020; Henderson et al., 2017; Meldrum et al., 2009, WHO, 2020). Spurr et al. (2012) expressed that the moment to shift from reactive to proactive thinking in our secondary education system is now and may be done by incorporating a holistic curriculum.

### **Social and Emotional Learning and Mental Wellness**

In recent years, scholarship in the area of social and emotional learning has grown significantly (Schonert-Reichl, 2017). Social and emotional learning (SEL) has five key domains: “self-awareness, self-management, social awareness, relationship skills, and responsible decision making” (Durlak et al., 2011, p. 406). These domains teach students how to manage their emotions, set and achieve goals, empathize, and develop positive perceptions about themselves and others. Integrating these valuable skills improves adolescent well-being and quality of life (Greenberg et al., 2017). Supporting students to develop their social and emotional

learning enhances academic performance, increases empathy, and builds positive, healthy relationships (Durlak et al., 2015).

Yeager (2017) expressed adolescence being a crucial time to support and educate students about their social and emotional well-being. It is during the transition to adolescence, that a powerful transformation occurs and begins to process emotions in the brain (Malla et al., 2018; Yeager, 2017). When coupled alongside hormonal activity, behavioural and mental health problems often emerge or worsen during adolescence (Mazzer & Rickwood, 2015). By integrating behaviour, emotion, and thinking, teachers can increase a student's capacity to effectively deal with social and personal challenges (Greenberg et al., 2017; Mazzer & Rickwood, 2015).

Young people who lack social-emotional competencies become less connected to their school and peers, negatively affecting their health, behaviour, and academic performance (Spurr et al., 2012; Yeager, 2017). Research conducted by Crone and Dahl (2012) reported that adolescent's ability to express empathy might be linked to their level of emotional awareness. Unfortunately, both schools and teachers, lack the resources, administrative support, time, and training needed, to foster the development of social and emotional skills at the secondary level (Carr et al., 2018; Mazzer & Rickwood, 2015; Oberle & Schonert-Reichl, 2017).

Research conducted by Ulvay and Ozkul (2018) recommended the creation of a school climate, encouraging SEL to improve protective competencies and reduce risk-taking behaviours in adolescents'. SEL can heighten adolescent confidence to cope with problems, improve their academic performance, and enhance their mindset and life skills. Current findings yielded a positive shift in adolescent attitudes about self, others, and school with the integration of SEL skills into the curriculum. Furthermore, SEL skills empower students to live a successful and

optimal life (Durlak et al., 2015; Ulvay & Ozkul, 2018). As a result, SEL skills are encouraged and are integrated throughout the *MW30* curriculum to develop and maintain emotional awareness at the secondary level (Sun West Distance Learning Center, 2018).

### **Improving Adolescent Help-Seeking Behaviors**

Mental health and substance abuse disorders are key issues facing youth today (Henderson et al., 2017; Mazzer & Rickwood, 2015). Wei et al. (2015) stated that “approximately 70%–75% of adult mental health problems and mental disorders start to manifest during adolescence or early adulthood (12-25)” (p. 1). If the distress from mental illness persists, it can have lasting negative effects into adulthood (Brownlie et al., 2019; Mazzer & Rickwood, 2015; Moon et al., 2017; Reardon et al., 2016; Rickwood et al., 2019; Vidourek & Burbage, 2019; Wei et al., 2015). Those that do not have the coping skills to manage their mental health or the support to learn about their illness are at a higher risk of relapse, may turn to substance abuse, perform poorly in school, and engage in violent and criminal behaviours (O’Dea et al., 2017). The challenge of ensuring that individuals are connected to mental health professionals and supports remains ongoing (Hom et al., 2015). Currently, 70%–80% of individuals worldwide, do not seek or receive the mental health support they need (Wei et al., 2015; WHO, 2020).

Additional research on help-seeking behaviours suggests that adolescents have experienced a wide range of barriers to support their wellness and mental health (Reardon et al., 2016). For example, research reported that adolescents are reluctant to seek professional support and mental health care due to interpersonal barriers of embarrassment and perceived stigma (Rickwood et al., 2019; Vidourek & Burbage, 2019; Wei et al., 2015). Poor mental health literacy, a lack of awareness, the perceived need for treatment, unhelpful beliefs, negative attitudes, and limited access to appropriate services have hindered help-seeking behaviours in

adolescents (Haavik et al., 2019; Malla et al., 2018; Purcell et al., 2011; Rickwood et al., 2019; Vidourek & Burbage, 2019). In 2012, a review by Michelmores and Hindley found that adolescents were more likely to seek assistance from their families rather than professionals.

According to research, having youth engage in appropriate, proactive mental health education can support them with the skills and tools they need during this stage of life, helping them overcome some of the barriers that exist for adolescents (Haavik et al., 2019; Rickwood et al., 2019; Roeser et al., 2000). Belief in their coping capabilities influences their vulnerability to stressful, taxing, and threatening situations (Bandura, 2006). If adolescents believe they can manage stress more effectively, they are less likely to become distressed (Bandura, 1991). Those that believe strongly in their capabilities learn ways to master challenges and remain resilient to adversity. Through education, adolescents can be taught how to lower their stress and anxiety by reacting in ways that transform negative feelings into positive ones (Bandura, 1999; Myers et al., 2011).

Young people are more likely to seek support when they have the knowledge, emotional competence, encouragement, and skills to seek help (Kelly et al., 2007; Wei et al., 2015). In 2006, Burns and Rapee expressed that services specific to youth mental health and education should be non-judgmental, non-stigmatizing, and accessible, so that adolescents feel comfortable and empowered. According to Rickwood et al. (2007), proactive educational interventions may reduce the risk of onset and chronicity of mental health issues. In the literature, it was identified that stigma towards mental health help-seeking continues to be the leading barrier for adolescents getting the support they need (Kutcher et al., 2016). Therefore, through non-stigmatizing education, students recognize mental health symptoms, problems, and treatments, which aids their help-seeking behaviours (Kelly et al., 2007; Kutcher et al., 2015; Wei et al.,



2015). Finally, it was noted, that to encourage young adults to seek professional support early on, they must have opportunities to develop and implement mental health tools that promote confidence, independence, and mastery in their mental health (Kutcher et al., 2015; Myers et al., 2011; Rickwood et al., 2007).

### **Teacher-Student Relationships**

According to Aldridge and McChesney (2018) and Meldrum et al. (2009), the impact that teachers have on their students can be very influential and powerful. A teacher's role often expands beyond the traditional classroom (Carr et al., 2018; Meldrum et al., 2009). As a result of teacher's having an extensive role, when students enter school, they rely on their teachers for academic, social, emotional, and behavioural support. The daily interactions between a teacher and student cultivate a bond, which provides a sense of belonging and a foundation of trust in learning (Fowler et al., 2008; Rowley et al., 2005). A trusting teacher-student relationship is vital to managing mental health in the classroom because it is a key component of enabling a student to reach out or express the need for support (Rodger et al., 2014).

Nurturing teacher-student relationships develop a student's sense of security and emotional connection, influencing their educational engagement and interest in further academic pursuits (Bond et al., 2007; Phillippo & Kelly, 2014; Rowley et al., 2005; Usher et al., 2008). Fowler et al. (2008) explained that positive social relationships serve as a protective factor for students' well-being. Positive-teacher student relationships encourage, challenge, support, and inspire their students to become contributing members of society. A strong link exists between a student's sense of belonging and their academic engagement and achievement (Xu & Qi, 2019). On the contrary, negative teacher-student relationships can greatly affect the teacher's experience instructing and the student's experience of learning (Kiefer et al., 2015).

Due to a student's motivation to learn being a primary concern for teachers (Taylor et al., 2009), teacher's must assess early on what motivates their students to learn and what struggles may accompany the learning experience. Teachers' can provide emotional support to their students through role modelling an excitement for learning (Koca, 2016; Patrick et al., 2000). Subsequently, these relationships can contribute to teaching students to work through uncomfortable and challenging situations. As a result, students develop confidence and begin viewing themselves as successful learners. Undoubtably, research suggests that positive, caring, and supportive learning experiences develop a toolbox of skills in students that foster resiliency and the desire to learn (Fowler et al., 2008; Kiefter et al., 2015).

Relating to students on a personal level helps the teacher to identify their student's strengths and interests, encourage positive classroom behaviour, and build motivation. Building student self-esteem and trust through a supportive environment increases their motivation to learn (Guilloteaux & Dörnyei, 2008). By seeing the purpose and value in the knowledge they are constructing, students become enthusiastic about learning more (Thoonen et al., 2011).

### **Adolescent Self-Efficacy**

Usher et al. (2008) reported that strengthening adolescents' security and self-esteem provides the requisite scaffolding to foster enhanced learning and motivation. Ng et al. (2013) claimed that "perceived self-efficacy can be thought [of] as the foundation of motivation and action that leads to behavioural change" (p. 1040). According to Schwarzer and Warner (2013), students with high levels of self-efficacy performed better academically because of their ability to self-regulate and focus. They also found that students procrastinate less and experience lower levels of anxiety and health problems.

Self-efficacy is a crucial protective factor in adolescent mental health (Bandura, 1999). Bandura (1986) defined self-efficacy as “people’s judgments of their capabilities to organize and execute course of actions required to attain designated types of performances” (p. 94). Bandura (1993) and Usher et al. (2008) explained that those with high levels of self-efficacy are motivated to quit unhealthy habits, effectively cope with stress, and persevere appropriately through challenging experiences. Those with high levels of self-efficacy can exercise control over their thoughts and are less likely to create disturbing thought patterns (Bandura, 1993). Schönfeld et al. (2016) defined self-efficacy as “a positive resistance resource that is part of the cognitive appraisal process and essential for the regulation of stress” (p. 2). They concluded that high self-efficacy levels led to increased positive well-being and life satisfaction.

In contrast, when individuals lack self-efficacy skills during difficult situations, they focus on their weaknesses and deficiencies, imagining adverse consequences and inadequacy (Bandura & Jourden, 1991; Usher et al., 2008). In addition, Bandura (1993) found the following physiological effects related to low levels of self-efficacy, “when people try to cope with threats for which they distrust their efficacy, their stress mounts, their heart rate accelerates, their blood pressure rises, they activate stress-related hormones, and they suffer a decline in immune function” (p. 133). As a result, adolescents’ perceptions of their coping skills, capabilities, and belief in self-regulatory abilities influence their levels of distress, anxiety, and depression during stressful situations (Bandura, 1993).

Literature is available describing why developing adolescents’ self-efficacy in controlling their thoughts helps regulate feelings of stress, anxiety, and depression (Bandura, 1993; Schwarzer & Warner, 2013). For example, Bandura (1986) stated that “adolescents with low self-efficacy magnify the severity of possible threats and worry about things that rarely happen”

(p. 132). Moreover, Bandura (1999) explained that human distress is a result of perceived helplessness to turn off and control ruminative, disturbing, or distressing thoughts. Bandura concluded that students who learn through curricula how to exercise control over their thoughts and believe in their capabilities develop “better ways to master challenges . . . [and] remain resilient to the demoralizing effects of adversity” (Bandura, 1999, p. 28).

It is important to understand that adolescents who do not believe in their success lack the confidence to achieve their goals and curricular outcomes (Bandura, 1997). As a result, adolescents lacking confidence have difficulty setting and reaching goals, and managing social, educational, and biological transitions (Bandura, 2006). Belief in the ability to manage one’s behaviours is pivotal for healthy outcomes especially during this period. The way adolescents navigate these transitions can have profound effects on their wellness (Bandura, 2006; Mazzer & Rickwood, 2015). Adolescents with high levels of self-efficacy visualize success daily; they value their capacity for improvement more than they compare themselves to the achievements of their peers (Bandura, 2006). There is evidence that adolescents with positive self-efficacy beliefs have more goals and are more committed to achieving them. They focus their attention on finding solutions to problems (Bandura, 1986; Schwarzer & Warner, 2013).

According to research, self-efficacy strategies, curricula, and education can all improve an adolescent’s health (Bandura, 1999; Roeser et al., 2000). The more an individual believes in their efficacy, the better they prepare educationally, the more career options they consider, and the higher staying power and success they have in strenuous occupational pursuits (Bandura, 2006; Bates & Eccles, 2008). Further, a student’s self-efficacy beliefs in their learning will indicate the level of his or her effort they exert (Engles et al., 2016). The literature on self-efficacy makes it resoundingly clear that a goal of education should be to equip adolescents with

intellectual coping skills and tools to protect their mental health and wellness. As this review of the literature has shown, learning experiences that encourage students to regulate behaviours and trust in their self-efficacy are increasingly important. Furthermore, they learn to exercise control and demonstrate proactive actions as they adopt strategic thinking techniques (Bandura, 1997). In conclusion, confidence in adolescents' self-regulatory capabilities, can enhance their knowledge and cultivate health-promoting skills throughout their lifetime (Bandura, 2006; Myers et al., 2011; Roeser et al., 2000). As such, individuals that have these capacities for personal control are happier and healthier (Bandura, 1986; Roeser et al., 2000; Schwarzer & Warner, 2013).

### **Teacher Self-Efficacy**

One of the ways schools can support mental health and wellness literacy is through increasing teacher's self-efficacy in the area (Carr et al., 2018; Portvin-Boucher & Malone, 2014). Block et al. (2010) defined self-efficacy as "the perception of one's ability to successfully perform a particular behaviour" (p. 43). The discovery was made that teachers who possessed greater levels of this ability were more motivated to set higher goals for themselves and put concentrated effort into achieving them. Additional research suggests, teachers with strong instructional self-efficacy found challenging students more teachable, as they used appropriate techniques with additional effort. For teachers such as these, problems appeared surmountable, and challenging students were reachable (Bandura, 1997; Zee & Kooman, 2016). On the other hand, it was reported that when teachers doubt their performance or abilities, they can lose the motivation to incorporate new techniques and strategies into their instructional practice lessons (Bandura, 1997).

According to research, teachers are often the first to observe behaviours in their students that indicate a mental health problem, but if they have the skills to recognize and address those problems, they can effectively direct them to the appropriate professional supports (Carr et al., 2018; Meldrum et al., 2009; Whitley et al., 2013). Current estimates suggest that as many as one in five Canadian adolescents may have a diagnosable mental health disorder (Rodger et al., 2014; Kutcher et al., 2016). Approximately 20% of students in schools worldwide are affected by mental illness and substance abuse, and the sense of urgency to support the students with these challenges is apparent (Atkins & Rodger, 2016; Barry et al., 2014; Meldrum et al., 2009; Whitley et al., 2013). Significant and ongoing mental health issues can affect students' social and academic success (Mazzer & Rickwood, 2015). Studies researching the need for teachers to be trained regarding mental health, demonstrate the need for school environments to be an “ongoing setting where health is created, supportive environments are built, partnerships made, and many skills are learned” (St. Legar, 2004, p. 408).

Atkins and Rodger (2016) and Meldrum et al. (2009) indicated that there needs to be a shift in knowledge, attitudes, and beliefs around mental health and wellness, because teachers profoundly impact the growth and development of the adolescents they teach. For schools and classrooms to be healthy, so too must be the teachers within them (Dods, 2016). According to Atkins and Rodger (2016), teachers need access to their own mental health supports in order to better teach wellness programs in their classroom. Despite teachers needing their own mental health support, research indicates teachers also require ongoing training opportunities, resources, education, and support to develop awareness, skills, and self-efficacy in the area of mental health and wellness (Atkins & Rodger, 2016; Rodger et al., 2014; Whitley et al., 2013). Teachers develop a low sense of instructional efficacy when they do not have adequate training,

incentives, or resources to promote secondary health and wellness programs, which are not always provided in schools (Andrews et al., 2013; Brown, 2016; Government of Alberta Education, 2008; Phillippo & Kelly, 2014; Rodger et al., 2014). Dods (2016) added that “knowledge is central to the development of self-efficacy and to feeling prepared” (p. 55).

Enhancing a teacher’s self-efficacy in mental health and wellness literacy assists them in fostering a classroom environment that supports belonging, wellness, and resiliency (Atkins & Rodger, 2016; Mazzer & Rickwood, 2015; Rodger et al., 2014). Additionally, many teachers feel inadequately prepared to support their students’ mental health and wellness (Atkins & Rodger, 2016; Dods, 2016; Graham et al., 2011; Rodger et al., 2014; Russell-Mayhew et al., 2015; Whitley et al., 2013). Mazzer and Rickwood (2015) recommended that future research needs to examine a teacher’s responsibilities and roles while supporting students and discussing mental health and wellness in the classroom.

For many teachers, poor self-perception of their ability to address mental health and wellness concepts can negatively influence the success of the adolescents they teach (Atkins & Rodger, 2016). Despite teacher’s poor self-perception, their comfort level with teaching mental health and wellness curricula can improve through training and mentorship (Dods, 2016). Bandura (1997) explained that teachers with low self-efficacy experience a myriad of classroom difficulties. They focus on subject matter rather than student development, which generates authoritarian control and other related classroom management issues. Such problems initiate teacher’s self-doubt, stress, and anger, impairing students’ motivation and academic achievement (Bandura, 1997).

Along these lines, four studies have found that many teachers have never received mental health and wellness education. The skills required to teach are complex, but many teachers lack

the skills or training to support their students' mental health and wellness needs (Atkins & Rodger, 2016; Graham et al., 2011; Rodger et al., 2014; Whitley et al., 2013). In a recent review of existing Canadian Bachelor of Education programs, Rodger et al. (2014) discovered that there is a lack of curriculum in mental health and wellness literacy. Additionally, Carr et al. (2018) identified that there is no research-based mental health and wellness literacy programs or resources utilized in pre-service education programs. This lack of pre-service professional development is concerning considering this knowledge is crucial for preparing teachers to identify and address mental health challenges in their own classrooms.

In 2011, Graham et al. encouraged further research go into teacher perspectives on their role in supporting the mental health and wellness of students. Rickwood and Mazzer (2015) conducted qualitative research in response to Graham and colleagues findings. Results from their study identified that there was still a very high number of teachers expressing the need for further resources, education, and training in the area of mental health and wellness. To address the feelings of inadequacy in teachers and improve the scarcity of vetted, available resources, a teacher resource for the *MW30* curriculum was created by the Sun West Distance Learning Center (Sun West Distance Learning Center, 2018).

### **The Role of Resources and Technology in Teacher Self-Efficacy**

The goal in creating an adaptable online teacher resource was to support teachers in delivering the curriculum and obtaining its outcomes, thereby improving their self-efficacy in the area of mental health and wellness. Numerous Sun West School Division teachers, counselors, psychologists, and other personnel who have experienced mental health challenges were involved in designing the resource, which provides lessons, activities, videos, tools, and



evaluations to alleviate some of the stress and anxiety inherent to teaching new curricula. It also educates teachers on the many available supports for individuals with mental health challenges.

To support teachers integrating blended learning into the classroom experience, the teacher resource was designed with teachers' use of technology in mind. Teachers currently take a blended approach to most of their instruction, which includes a harmonious balance between face-to-face interaction and accessing online resources and knowledge (Hockley, 2018; Hofman, 2018). Not only are teachers responsible for developing mental health and wellness literacy, but they are also responsible for developing technological literacy to meet the needs of students learning in the 21<sup>st</sup> century (Ramadhan et al., 2019). Hoffman (2018) suggested that "blended learning is a "powerful approach because it fosters more authentic learning, by allowing individuals to learn, recall, and apply what they've learned when and where they need the content" (p. 1). Furthermore, the technology used in blended learning allows individuals to access resources at a time and place that is convenient for them, and it supports students with physical limitations by promoting a more inclusive and prosperous learning environment (Hofmann, 2018).

Safitry et al. (2015) suggested that technology plays a significant role in enhancing education, strengthening teacher self-efficacy, and improving the delivery and accessibility of challenging curricular. Using technology in the classroom can engage students in their learning, deepen their level of interest, and support student anonymity. Technology encourages curiosity, supports creativity, and promotes student motivation and learning efficiency (Molins-Ruano et al., 2014). Additionally, it supports students who need more of a challenge or would like to take courses not offered in their school, allowing them to learn and complete their academics from the comfort of their home (Safitry et al., 2015).

Many teachers are willing to participate in programs that will educate them on mental health and wellness if they are provided with the adequate time and resources for doing so (Graham et al., 2011). With practice, vetted resources, and technology, teachers can improve their self-efficacy, helping them to foster their students' confidence and enhance their emotional growth. Ultimately, teacher self-efficacy in mental health education can prompt teachers to be wellness advocates, implementing pedagogical strategies that reduce stigma in their classrooms and schools (Atkins & Rodger, 2016).

### **Summary**

This section identified the social constructivist theory of Vygotsky (1978), on which the study was based. The need for integrating and applying proactive strategies into curriculum and content for the mental health of adolescents was indisputable. Within education, students must be engaged in a curriculum that encourages them to demonstrate personal and social responsibility towards their mental health and wellness. The co-constructing knowledge that develops from a teacher-student relationship requires further nurturing. Supporting teachers in developing mental health and wellness literacy skills can increase both teachers' and students' awareness of their own and others' mental health. The need for education and support towards teachers in order to build personal resilience to stress and improve their students' wellness is pivotal. Understanding how teachers and students perceive and construct their mental health and wellness self-efficacy through opportunity, pedagogy, support, and curricular content will have its foundation in the social constructivist theory of Vygotsky (1978) and will be explored further in this study.

## **CHAPTER 3**

### **Methodology**

This study utilized a qualitative case study approach (Creswell, 2013), to collect data from four different teachers situated in different schools across rural Saskatchewan. Social constructivism framed this research on how contexts, environments, and interactions shaped the participating teachers' understanding of teaching and experiencing a mental wellness course within their high school classrooms. The aim of the research was to gather, analyze, and understand the teachers' perspectives and experiences. As a result, answers to the research questions provided a deeper understanding of the participants' experiences teaching and the factors that cultivated increased student motivation and engagement in mental health and wellness literacy.

### **Theoretical Perspective**

Crotty (1998) defined theoretical perspective as “the philosophical stance lying behind the methodology” (p. 66), providing the framework upon which studies are guided (Trainor & Graue, 2013). This study was framed by social constructivism, which Vygotsky (1978) described as the collaborative nature of learning. Social constructivism also emphasizes that an individual's learning cannot be separated from their environment (Merriam, 1998). What is known, valued, and believed in depends on the contextual, historical, and cultural experiences in which individuals are embedded (Creswell, 2013). As circumstances are always changing, there is no definite knowledge or fixed truth, meaning that individuals negotiate understanding through their own theory of knowledge (Creswell, 2013; Dyson & Genishi, 2005). Therefore, social constructivists maintain that meaning is not discovered, but rather, it is derived from our social

engagement and subjective construction of the experience (Crotty, 1998; Dyson & Genishi, 2005).

Research suggests that qualitative researchers must embrace the concept that multiple interpretations of reality exist, which can otherwise be described as maintaining an ontological perspective (Creswell, 2013; Denzin & Lincoln, 2000; Hill et al., 2005; Merriam, 1998; Stake, 1995). Social constructivism contends that even when people experience the same event, they will construct meaning differently, revealing multiple realities (Crotty, 1998; Hill et al., 2005). The epistemological view of this study was situated within a social constructivist framework, where knowledge emerged through interaction with the participants and analysis of the subjective experiences they expressed (Creswell, 2013; Haverkamp et al., 2007). According to Crotty (1998), epistemology is the “philosophical grounding for deciding what kinds of knowledge are possible” (p. 8). A researcher’s perspective on the production and nature of knowledge underlies their process of inquiry (Yazan, 2015), which governs and anchors the data collection and analysis of a study. Language and culture are the frameworks through which individuals understand, experience and communicate their perceived reality (Vygotsky, 1978). Results from the study unfolded through conversation, reflection, finding consensus, and reconstruction of the emerging data. In this research, the role of social constructivism was to understand the knowledge and meaning constructed by the participants as they taught a mental wellness curriculum for the first time. This research focused on understanding and reconstructing meaning from how the participants described their experiences and interpretations of their social world (Denzin & Lincoln, 2000), and the meaning derived from the participants’ words was co-constructed with the researcher.

As a theoretical framework, one unique characteristic of social constructivism is its central focus on interactions between the researcher and the participants (Creswell, 2013). Therefore, in a social constructivist world view “individuals seek understanding of the world in which they live and work” (Creswell, 2007, p. 20). Through this lens, knowledge, understanding, and meaning are built through social interactions and ongoing interactive dialogue between the researcher and the teachers in the study (Amineh & Asl, 2015; Creswell, 2013; Vygotsky, 1978).

### **Qualitative Inquiry**

Denzin and Lincoln (2017) stated that qualitative research “is a situated activity that locates the observer in the world” (p. 10). Qualitative research embodies naturalistic and interpretive approaches that illuminate detailed descriptions of the participants’ personal experiences within the context of the study (Creswell & Poth, 2018). Qualitative research includes researcher reflexivity, participants’ voices, and a detailed interpretation of the problem(s) being studied (Creswell, 2013). Additionally, research from a qualitative approach provides opportunities to understand multiple perspectives derived from the participants’ experiences (Merriam, 1998). Stake (1995) wrote that “qualitative researchers nourish the belief that knowledge is constructed rather than discovered” (p. 99). By asking questions about how social experiences are given meaning, a researcher can understand the complex interrelationships influencing studied phenomena (Denzin & Lincoln, 2017).

Creswell (2013) claimed that qualitative research is conducted when the researcher empowers the participants to share their experiences. In this study, the researcher was the primary instrument in collecting and interpreting the data derived from the participants’ unique perspectives (Creswell, 2009; Merriam, 1988; Stake, 1995). This study used several qualitative research methods to describe and interpret how the participants made sense of their own realities.

In order to yield meaningful results, the study implemented several rigorous methods to generate knowledge from the research (Nowell et al., 2017). Qualitative research was most appropriate because it fosters a deeper understanding of the lived experiences of the teachers and their own pedagogical understandings (Creswell & Poth, 2018). As a result, the researcher was able to understand the complexities of the participating teachers' everyday lives and the meaning they ascribed to their experience of teaching the mental wellness curriculum to their students.

Data was collected through four individual interviews and one focus group, and open-ended questions were posed to each of the four participants in order to understand their socially constructed experiences (Creswell & Poth, 2018; Denzin & Lincoln, 2000). Descriptive field notes were taken during and after each interview, which were used to generate future questions for the focus group (Creswell, 2009). Data collected in the form of quotes and field notes contributed to the detail rich nature of this qualitative research (Merriam, 1998), allowing the researcher to explore the phenomena of feelings and thoughts that might be difficult to understand through quantitative research methods (Creswell, 2009; Lincoln & Guba, 2000).

The COVID-19 pandemic forced the closure of face-to-face classrooms at the same time this study was set to begin, causing adjustment to the original plan of this research. While the study examined the participants' experience of teaching the mental wellness curriculum in face-to-face classroom settings prior to the COVID-19 pandemic, the information was gathered from the participants within six months after they taught the course. Further explanation of the qualitative methodologies employed in this study will be discussed later in this chapter.

### **Positionality**

The concept of reflexivity (Creswell & Poth, 2018) includes situating oneself with the phenomenon being explored and explaining how these experiences shape the researcher's

interpretations. According to Creswell (2013) a qualitative researcher's role is to interpret the meaning participants ascribe to their lived experiences. The researcher's prior knowledge, instructional experiences, beliefs about teaching, and assumptions on the research topic influenced the focus of the research and the questions being asked. Moreover, the researcher's lived experiences influenced their interactions with the participants and their interpretation of meaning. Congruent with a qualitative stance, the researcher relied on participants' interpretations of their experiences to uncover their perceptions of reality. Quotes from the participants were used to delve into further meanings (Creswell, 2013). The use of open-ended questions provided the participants with the opportunity to share their evolving understandings. As such, interviews were fundamental to data collection, and quotes were a critical component of data analysis.

Qualitative researchers position themselves in the research by reporting and recognizing how their background influences the way they conduct the study and interpret the data (Creswell, 2013). As the researcher, my educational background in secondary physical education (PE) inspired a Master's in Curriculum Studies which was completed at the University of Saskatchewan, where I focused on designing and implementing an inclusive PE curriculum called *Inclusion 10*. For this doctoral study, my interest in working with adolescents formed the basis of weaving together curriculum, inclusion, mental wellness promotion, and pedagogy.

As the researcher, I was aware that my 13 years of teaching in face-to-face classrooms, two years teaching online, and two years of teaching and developing the *MW30* curriculum and online course, influenced how I framed interview questions and reacted to the responses. Additionally, my prior knowledge and understanding through teaching the mental wellness curriculum and online course were co-constructed within my experiences, interactions,

and relationships with adolescents and teachers over time. This previous experience was valuable and allowed me to ask probing questions based on my personal experiences. When listening attentively to and interpreting the participants' experiences I remained considerate of any biases that may be associated alongside my own experiences, ensuring to divert any prejudices.

### **Research Design**

A collective case study was the most appropriate methodological design for this study because it enabled the examination of similarities and differences between the cases to uncover patterns (Dyson & Genishi, 2005; Compton-Lilly, 2013; Miles, 2015; Yin, 2009). Furthermore, Lincoln and Guba (1985) claimed that multiple case studies increase the credibility, transferability, dependability, and confirmability of results.

Case study research is an emergent, dynamic, and evolving design (Mabry, 2008; Creswell, 2013), selected when the researcher seeks a deeper understanding of a complex and evolving social phenomenon (Mabry, 2008; Yin, 2009). Case study researchers collect interpretations (Stake, 2000), showcasing multiple realities within the participants' experiences (Dyson & Genishi, 2005; Haverkamp et al., 2007; Merriam, 1998; Stake, 1995). Case studies provide researchers with meaningful accounts of real-life events experienced by the participants (Yin, 2009), revealing the hidden occurrences of everyday life (Mabry, 2008). The methodology is employed when researchers want to make sense of an experience by utilizing multiple detail-rich and descriptive methods of data collection (Stake, 2000; Merriam, 1998). The researcher purposefully selects multiple perspectives to gain insight into the phenomenon seeking to study (Stake, 1995; Haverkamp et al., 2007). Interpretations of these perspectives become the constructed knowledge of reality gathered through investigation (Stake, 2000; Yazan, 2015).



Sharan Merriam, Robert E. Stake, and Robert K. Yin are three foundational case study methodologists who have provided educational researchers with a road map to constructing and making decisions within the methodology (Yazan, 2015). Merriam (1998) defined case study research as “an intensive, holistic description and analysis of a bounded phenomenon” (p. 13), maintaining that case study methodology provides the opportunity to extend understanding and produce knowledge around a specific problem or aspect of education.

Stake (1995) referred to case studies as holistic, meaning the researcher acknowledges the interrelationship between the studied phenomenon and its contexts. Researchers utilize case study methodology when they aim to “understand what is important about the case within its own world” (Stake, 2000, p. 439). The researcher uses the case’s historical and social contexts and the participants’ perspectives and interpretations to formulate “thick description” (Stake, 1995, p. 39). Stake (1995) affirmed that case study is not a methodology; rather, it is a boundary to frame the scope of research. Characterized as a bounded system (Creswell, 2013; Lilly-Compton, 2013; Merriam, 1998; Stake, 2000), case studies define what is included and excluded in the research (Stake, 2000). Merriam (1998) affirmed that the study’s boundedness is what differentiates this methodology from other research designs.

The collective case study detailed within this dissertation consisted of four cases with individual features, relationships, and situations. The group’s composition and the time frame of the study defined the boundaries of the cases: four teachers who taught the mental wellness curriculum for the first time; myself, the researcher; and a fixed time for the research, June 2020–August 2020. Since case studies occur over time and are evolving, it was important to be responsive and adaptable to change (Creswell, 2013; Lilly-Compton, 2013).

Yin (2009) claimed that, as a research process, case studies could “contribute to our knowledge of individual, group, organizational, social, political, and related phenomena” (p. 4). He defined them as “a comprehensive research strategy” (p. 13) that investigates the case by addressing the *how* and *why* of the studied phenomenon (Yazan, 2015). Furthermore, Yin (2009) expressed that the researcher seeks to understand the complexities of a social phenomenon and retain meaningful aspects of the participants’ real-life experiences and events, describing the five components of case study design, which this study implemented, as follows:

- the research question (teachers were asked the primary research questions, which considered their experiences co-constructing knowledge with their students through the mental wellness curriculum)
- define the study proposition (the study’s purpose was to investigate how knowledge is co-constructed through the interactions between teachers, students, curriculum, and the context in which this interaction occurs)
- unit of analysis (four teachers from rural Saskatchewan who experienced teaching the mental wellness curriculum)
- linking the data to proposition (this process followed the data collection phase as themes began to emerge, and the researcher attempted to connect emerging patterns to theoretical propositions)
- the criteria for interpreting findings include coding the data prior to developing themes (p. 27)

## Research Questions

The following questions guided this research:

1. What are the experiences of four teachers as they co-construct knowledge with their students in secondary education through the study of the *MW30* course?
  - a. Is there a change in students' understanding of mental health and wellness from their experience?
  - b. How can educators assist students with mental health and wellness through curricula?
  - c. What are the challenges and success assisting students in establishing mental health and wellness?
2. How do teachers further co-construct new knowledge about teaching the *MW30* course through conversations and interactions with each other?
  - a. How can educators collaborate to support students and increase teaching and learning through the *MW30* curriculum?

## Setting

This study was situated within four different high school classrooms in rural Saskatchewan, where each of the participants was teaching *MW30*, for the first time, face-to-face during the 2019–2020 school year. Each case was distinctive in its class size, ranging from 6 to 35 students enrolled in the *MW30* course. Throughout the study, the adolescent participants are referred to as students. All four teachers wanted to provide a viable and collaborative learning

experience for their adolescent students, with the goal of increasing knowledge, self-awareness, dialogue, and help-seeking behaviours through teaching *MW30*.

### **Participants**

An invitation to participate in this study was sent to four Saskatchewan teachers along with a consent letter (see Appendices B, G, & H). All four teachers accepted and returned the signed, scanned copy to the researcher through email. Participants were informed of the voluntary nature of the study and their right to withdraw at any time. All four teachers had over 15 years of teaching experience in Saskatchewan, and this would be their first time delivering the *MW30* curriculum to students.

The teachers participated in one individual interview each, where they responded to open-ended questions (see Appendices C & E). Additionally, two participating teachers engaged in a focus group (Appendix D) facilitated by the researcher. The participants understood that their involvement in the study would foster a greater understanding of how teachers and students co-construct knowledge throughout the *MW30* course and inform future pedagogies for teaching the course.

### **Permissions**

The directors and principals of the schools were contacted and presented with the outline and intent of this study. Permission to conduct this research within their school was granted via email (see Appendix F) pending University of Saskatchewan ethics, which was secured on June 19, 2020.

## **Methods of Gathering Data**

During the data collection phase, case study researchers gather their data from multiple sources to capture the complexity and entirety of the case over a sustained period of time (Merriam, 1998; Stake, 1995; Yazan, 2015). Shenton (2004) and Yin (2009) suggested that triangulation of multiple data sources assists the researcher by ensuring that the accuracy of participants' perspectives is maintained, and credibility is addressed. Triangulation of field notes, individual interviews, and a focus group were used in the data collection of this study to validate research findings (Shenton, 2004). Triangulation was especially important to maintain the focus of this collective case study, which aimed to examine and report on participants' multiple, subjective interpretations of their teaching experiences (Shenton, 2004).

### **Individual Interviews**

Yin (2009) stated that interviews are essential sources of data in case study research. Direct quotes reveal the participants' emotions, experiences, thoughts, and perceptions (Patton, 2015). Using interviews with open-ended questions, complex responses were clarified and probed, allowing further exploration of unanticipated topics (Creswell, 2014; Hill et al., 2005; Merriam, 1998).

One individual, open-ended interview (see Appendix C) was conducted with three of the four participating teachers, each lasting sixty minutes and taking place over a secure, online video-conferencing platform. The fourth teacher was unavailable for an online interview, so at her request, she was emailed the interview question so that she could respond when it was convenient for her. To provide them with the opportunity to reflect on their experiences, the participants received their interview questions one week prior to the meeting. During the interviews, I asked questions in a conversational tone to help the participants feel comfortable

with expressing themselves openly and freely (Patton, 2002). The interviews were held at a convenient time for the participants, and they took place online through Sun West School Division's secure Microsoft Teams platform. All of the interviews were recorded on this platform, downloaded onto my personal computer (where they remain safely stored), and then deleted from Microsoft Teams. The participants chose their own pseudonyms, which I stored in a file on my password-protected home computer. I transcribed each interview and emailed the participants their individual copy. Within a few days, each participant had responded to signify that they were happy with the transcription accuracy, following which they all signed, scanned, and emailed me their transcript release form (see Appendix A).

### **Focus Group**

Focus group questions (see Appendix D) were crafted to engage the participants in collectively constructing meaning (Schweizer et al., 2002). Each participant received a focus group letter of consent (see Appendix H), all of which were promptly signed and returned. Initially, the focus group consisted of all four participants, but due to various circumstances and hectic summer schedules, only two could participate in the end. The focus group also took place over the Microsoft Teams online video-conferencing platform, and it lasted approximately one hour. During this meeting, the participants and I listened to each other's experiences, and both of them expanded on the comments they made during their individual interviews (Patton, 2002). The open-ended questions allowed participants to express their own thoughts and opinions. They shared their challenges, successes, and classroom pedagogies with enthusiasm. During the discussion, the teachers strongly agreed with each other on the importance of offering a mental wellness curriculum at the secondary level. The participants never disagreed with each other, but rather shared their personal attitudes, opinions and beliefs based on the dynamics of their

classroom. The quality of the discussion was deemed positive as participants reflected on themes that emerged throughout the study. As a group, common understanding was obtained by exploring the various perspectives and opinions on the discussion topics and research questions (Nykos & Hashminto, 1997). As we collaborated about their personal challenges, experiences, and achievements teaching *MW30*, new knowledge and solutions were noted (Nykos & Hashminto, 1997; Vygotsky, 1978). The rich and stimulating discussions continued until I felt that saturation of information had been met. Afterwards, I recorded and saved the group discussion on my password-protected computer at home and transcribed the conversations to search for common codes and emerging themes.

### **Field Notes**

According to research, field notes are a fundamental aspect of conducting a rigorous, qualitative inquiry, as they provide context for the study, and can strengthen the analysis of its data (Creswell, 2013; Phillippi & Lauderdale, 2018). I noted details, in the form of key words and short comments, from the conversations, and interactions with each participant (Patton, 2015; Phillippi & Lauderdale, 2018). The printed interview questions were spaced so that notes could be written directly under each. After completing the interviews, I read through those notes and documented the participants' non-verbal behaviours and expressions (Patton, 2015).

After the interviews and the focus group session, I conducted a process of critical self-reflection to assess my performance as a researcher in the interviews (Phillippi & Lauderdale, 2018). Once the interviews and focus group meeting were recorded and transcribed, I added the field notes to the transcriptions and stored them on my password-protected computer at home.

## **Thematic Data Analysis**

Thematic analysis was the process employed for analyzing this study's data. Thematic analysis is an "ongoing organic process" (Braun & Clarke, 2006, p. 91) that involves continuous refining, reviewing, coding, and re-coding to accurately capture themes within the data that may have been missed in earlier stages of coding data (Braun & Clarke, 2006). According to Braun and Clarke (2006) themes are recognized as important elements that emerge across the coded data. They highlight that "a theme captures something important about the data in relation to the research questions, and represents some level of patterned response or meaning within the data set" (p. 82). In addition, thematic analysis assists in locating any overlaps and similarities between previously identified coded data. During this phase of analysis, codes that did not fit into the three themes were re-analyzed and moved under a different theme or discarded because they did not relate to the research questions. Theme development continued with further reviewing of the themes to ensure they captured relevant aspects of the data concerning the research questions. Through this rigorous process of organization and combining codes three themes emerged within the data. It is widely used in qualitative inquiry for describing, organizing, and narrating themes identified within the data and is compatible with a social constructivist framework (Braun & Clarke, 2006; Nowell, 2017). This rigorous and flexible approach (Braun & Clarke, 2006; Nowell, 2017) allowed for a detailed account of the data, as it illuminated similarities and differences between participant's experiences, explored diverse perspectives, provoked unanticipated insights, and produced trustworthy findings (Nowell, 2017).

In qualitative case study research, a concurrent relationship exists between data collection and analysis (Creswell, 2013). The process is recursive, starting with a researcher recognizing

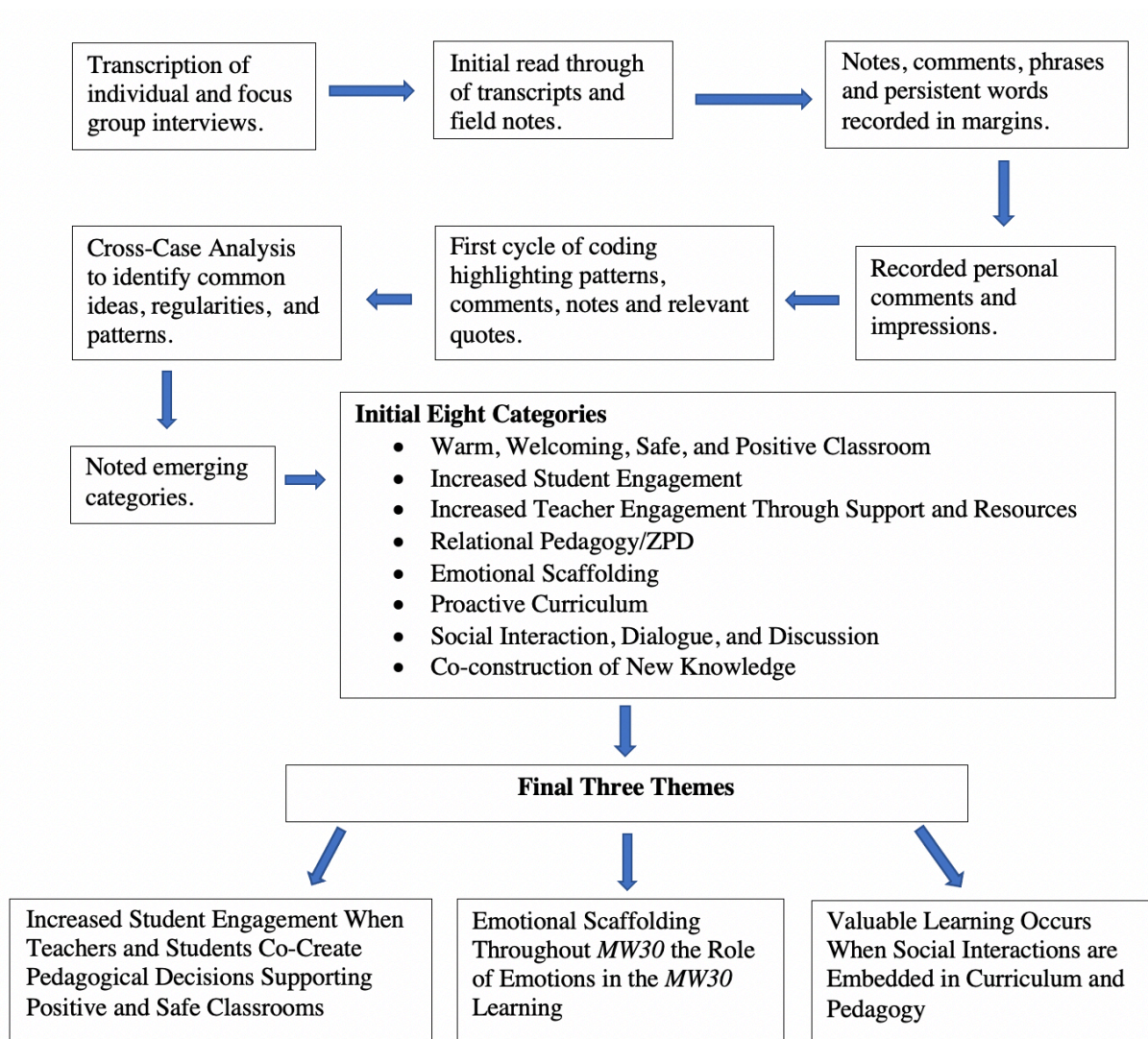


“patterns of meaning” (Braun and Clarke, 2006, p. 86) and making “sense out of the data” (Merriam, 1998, p. 178). Creswell (2009) suggested that analysis during data collection ensures the authenticity of participants’ real-life experiences. In this study, I analyzed multiple data sources to determine the “evolution of the case” (Creswell & Poth, 2018, p. 206). After the interviews were transcribed, this data was organized into electronic folders on my personal computer, which was password-protected, and identified the files by participant and date.

To gain an overall awareness and feel for the participants’ responses, I printed and reviewed the transcripts and field notes, recording my initial patterns and impressions, a process described by Shenton (2004) as “reflective commentary” (p. 68). I began by identifying the participants’ recurring words, phrases, and comments, adding personal comments and impressions on what I was learning. After these initial readings, I started the first cycle of manual coding to make sense of the data (Braun & Clarke, 2006; Creswell, 2009), using coloured markers to highlight potential patterns, comments, notes, and quotes related to the research questions. The data was triangulated by rereading the transcripts and field notes and continuing to code wherever appropriate. During this time, I reflected, asked questions, and inquired into the emotions being expressed by the participants (Creswell, 2009). Additionally, I related my own similar experiences in order to draw insights into what the teachers were describing, noting major ideas, regularities, and patterns (Merriam, 1998). I organized emerging themes into the following eight broader categories: (a) *Warm, Welcoming, Safe, and Positive Classrooms*; (b) *Increased Student Engagement*; (c) *Increased Teacher Engagement Through Support and Resources*; (d) *Relational Pedagogy*; (e) *Emotional Scaffolding*; (f) *Proactive Curriculum, Social Interaction*; (g) *Dialogue and Discussion*; and (h) *Co-Construction of New Knowledge*. Figure 1 summarizes the process by which these eight categories emerged.

**Figure 1**

*Process of Data Analysis*



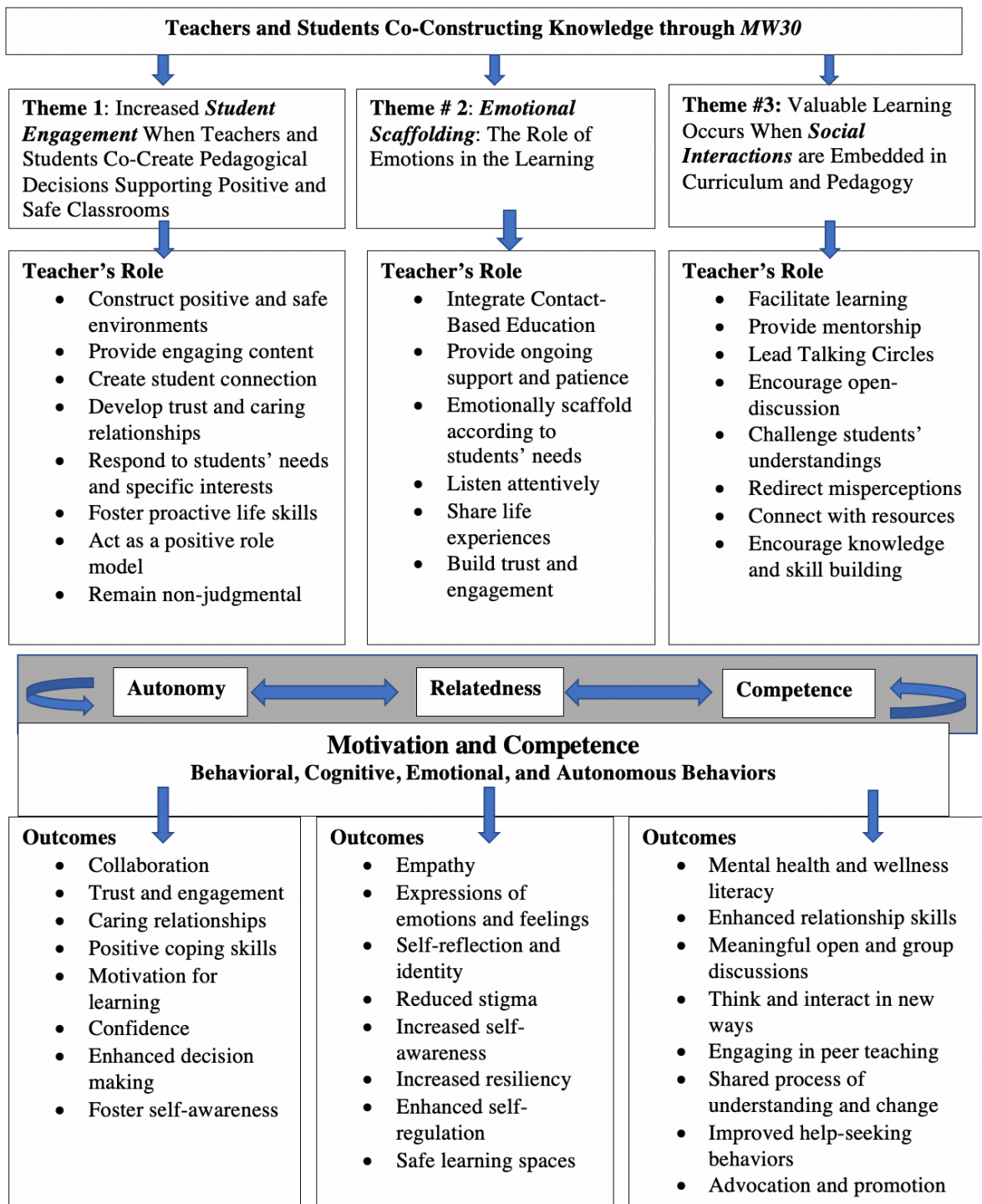
The initial eight categories noted above and shown in Figure 1 were refined and coded into three broader themes that provided “genuine evidence of the same pattern and remain open to contradictory evidence” (Merriam, 1988, p. 149). Braun and Clarke (2006) claimed that themes capture patterned responses and information related to the research questions. This collective case study used cross-case analysis to further analyze the interviews and field notes from each

case (Creswell, 2013), wherein I grouped the teachers' responses according to their perspectives of teaching *MW30*, what they learned during the experience, and their responses to similar questions (Patton, 2015). During data collection and analysis I met with my supervisor, Dr. Brenda Kalyn, several times to discuss the findings and identify emerging ideas and themes. Additionally, I reached out to another researcher on my committee, Dr. Shaun Murphy, to engage in the research for further discussion, reflection and refinement of emerging themes. Three themes emerged that integrated the data from within the original eight categories (Creswell, 2009): (a) *Increased Student Engagement When Teachers and Students Co-Create Pedagogical Decisions Supporting Positive and Safe Classrooms*, (b) *Emotional Scaffolding: The Role of Emotions in the MW30 Learning Experience*, and (c) *Valuable Learning Occurs When Social Interactions are Embedded in Curriculum and Pedagogy*.

Teachers in this study pedagogically instilled a sense of autonomy, relatedness, and competence into the *MW30* experience, which heightened students' motivation and competence in mental health and wellness curricula outcomes and knowledge. Figure 2 provides insight into the teacher's role co-creating positive learning experiences and outcomes with students.

**Figure 2**

*Co-Construction of Knowledge Flow Chart:*



## **Establishing Trustworthiness**

The criterion to assess qualitative data encompasses credibility, transferability, dependability, and confirmability, similar to a quantitative study's criteria of reliability and validity (Lincoln & Guba, 1985; Nowell, 2017). This section considers the criteria and provisions in detail that were implemented in search of a trustworthy study. Establishing trustworthiness will be discussed in further detail starting with credibility.

### **Credibility**

Credibility is measured by how closely aligned the study participants' views are, with the researcher's representation of those same views (Lincoln & Guba, 1985). According to Stake (1995), participants "play a major role directing as well as acting in case study" (p. 115). One way to establish the credibility of a study is through member checks, which Lincoln and Guba (1985) described as "the most critical technique for establishing credibility" (p. 314). Member checking was one technique used to verify the credibility of this study. The process involves having the participants of a study review the researcher's findings and data, and assess their accuracy (Creswell, 2013; Patton, 2002; Stake, 1995). Member checks use participants' perspectives to strengthen the study's credibility (Shenton, 2004) by ensuring that the researcher's collection and analysis of the data accurately represents them (Creswell, 2013).

Another strategy used to establish the credibility of this study was triangulation through multiple data sources, which "capture[s] and report[s] multiple perspectives rather than a singular truth" (Patton, 2015, p. 727). Creswell and Poth (2018) indicated that when researchers find evidence of a theme or code within multiple sources of data, they are "triangulating information and providing validity to their findings" (p. 260). In this study, data collected from the individual teacher interviews, focus group, and field notes were triangulated to validate the

developing themes and strengthen research conclusions (Nowell, 2017; Shenton, 2004; Stake, 1995). To further enhance the study's credibility, thick description (Shenton, 2004; Stake, 1995) provided insight into the context in which the participants were interviewed (Shenton, 2004).

### **Transferability**

Transferability describes the extent to which the research can be applied in other settings (Shenton, 2004). By providing rich contextual descriptions, the people reading the study gain a deeper understanding of the studied phenomena (Shenton, 2004; Stake, 1995). These descriptions allow the reader to relate to the findings and compare the results of the study to their own similar or contrasting experiences and inquiries (Lincoln & Guba, 1985; Nowell, 2017; Shenton, 2004). Creswell (2018) added that descriptions, details, and quotes should be interconnected when describing a case. Adding further descriptions once the data is collected increases the validity of this strategy (Stake, 1995). To allow for the possibility of further research (Creswell, 2018), I provided a thorough description of this study's setting, participants, and procedures after collecting the information.

### **Dependability**

Dependability requires the researcher to document a logical and traceable process so that people reading the study can clearly understand the research process and critique it (Lincoln & Guba, 1985; Nowell, 2017). According to Shenton (2004), this process enables other researchers to replicate the study in other contexts. The researcher can create a clear audit trail by keeping records of transcripts and raw data. Audit trails provide evidence for why the researcher chose certain theoretical and methodological approaches (Nowell, 2017). Recording my insights on the transcripts and raw data, provided the rationale in detail for future researchers and the replication of this study (Lincoln & Guba, 1985; Nowell, 2017).

## **Confirmability**

Confirmability requires an unbiased analysis on the part of the researcher. The findings in this study must accurately reflect the ideas and experiences shared by its participants (Shenton, 2004). To this end, I listened with an open mind, being careful not to allow my personal biases to deter the participants' responses. By setting aside my own experiences with the *MW30* curriculum, I could rely solely on the participants' perspectives to co-construct new knowledge on the studied phenomena without my own past experiences influencing the findings (Shenton, 2004).

## **Limitations**

The findings from this study contribute to the discussion on how educators develop their understanding of and beliefs about teaching mental wellness concepts. They reflect transferability rather than generalizability. This study investigated the experiences and particularities of a distinct group of teachers within the context of a bounded system and may not necessarily reflect the characteristics of similar entities or be generalized to other contexts. The purpose of this study was to contribute to the collective realm of teaching mental wellness in secondary education settings and does not generalize its participating teachers' experiences.

A major limitation of this study was the outbreak of COVID-19, which closed physical classrooms and altered my initial proposal to interview students in their school environment. As a result of the closer of schools, I could not observe the classrooms in which the participants were teaching the *MW30* course and navigating mental wellness pedagogy. This additional data source would have provided a deeper understanding of evolving beliefs and knowledge concerning the particulars of the *MW30* classroom context and given insight into the students' experience. Another possible limitation of the study was the participants' willingness to share

their perspectives and lived experiences during the interviews (Creswell, 2009). Given that *MW30* is a new Saskatchewan curriculum, the number of educators teaching the course was limited; furthermore, no previous studies have addressed the same research problem or phenomenon. The respondent pool and participants were limited due to the need of having teachers who had previously taught the *MW30* curriculum. Therefore, as the number of teachers implementing this curriculum grows, I recommend that a quantitative study be conducted with a larger sample size to provide insights on whether the findings of this study can be replicated in other secondary Saskatchewan classrooms to inform pedagogical practice within this curriculum.

### **Ethical Considerations**

Prior to submitting this study's ethics application, permission to conduct this research was obtained from the directors of the school divisions who employed the participants and was agreed upon with the four classroom teachers and their respective principals. The participant consent forms were drafted in accordance with the guidelines set out by the University of Saskatchewan Behavioural Research Ethics Committee, stating that the study had been reviewed and approved on June 19, 2020. This study used the following ethical considerations outlined by Creswell and Poth (2018):

1. Participation in this study was voluntary. Before each interview, participants were reminded that they had the option to withdraw from the study at any time and without explanation.
2. All data from the transcripts (interviews and focus group) and electronic email communications were stored in a personal, password-protected computer in a locked office at the researcher's home.



3. At the end of the research, the data will be stored by Dr. Brenda Kalyn on a protected USask system called OneDrive for a period of five years and subsequently destroyed.

### **Summary**

In July of 2020, an invitation to participate in this study was sent to four teachers that had taught *MW30* during the 2019/2020 school year. The research questions explored the experiences of four teachers co-constructing mental health and wellness literacy. Each participant came from a different community within Saskatchewan and had a keen interest in their students' health and well-being. Participants in this study were enthusiastic to embark on a study that underscored the need for an awareness and understanding of mental health and wellness literacy at the secondary level.

The research design of this study was a qualitative collective case study and was researched and analyzed through a social constructivist lens. Individual interviews and a focus-group interview were the primary data sources and the *MW30* curriculum created the boundaries for this collective case study. From this research, data analysis consisted of the development of themes and reflected the research questions. Trustworthiness of the study was established through credibility, transferability, dependability, and confirmability. The anonymity of the participants, security of the data collected, and ethical considerations were approached with confidentiality and respect. Chapter 4 describes the data and events of four different secondary classrooms and evidence of teacher and student engagement and learning.

## **CHAPTER 4**

### **Results**

This section offers a detailed description of how teachers developed their understanding of co-constructing knowledge in secondary classrooms while exploring the *MW30* curriculum. Data was collected from four rural teachers who had already taught the course and were situated within different Saskatchewan schools. Individual interviews, one focus group interview, and extensive field notes were methods implemented in data collection.

### **Participant Introduction**

This chapter introduces the four teachers who were invited and participated in this study. The teachers were emailed a letter of consent and within a week all four teachers eagerly accepted and returned the signed and scanned copy via email. Additionally, the directors and principals of the schools were contacted and presented with the outline and the intent of the study. Permission to conduct research within their school was granted through email. Participants were informed of the voluntary nature of the study and their right to withdraw at any time. The individual interviews and focus-group discussion were conducted online via Microsoft Teams. To support the anonymity of the teachers, each participant chose their own pseudonym. The participants: Participant 1, Margaret; Participant 2, Sara; Participant 3, Emma; and Participant 4, Kelly.

### **Margaret**

Margaret has been a teacher in Saskatchewan for 21 years and had no prior experience with the *MW30* curriculum before the 2019/2020 school year. Margaret teaches at a small rural school with only seven students in attendance. For personal reasons, students in this school are unable to attend the high school in their community. She referred to herself as having many roles

within her classroom: “[I am] part friend, part teacher, part parent, part social worker, part counsellor, part cab driver.” Prior to the study, the only mental health and wellness training and professional development Margaret had received was advice from a student support teacher and a suicide awareness training program. She felt that her life, knowledge, and experience gave her the confidence and motivation to teach the curriculum in study. For two months, she taught the course face-to-face before schools shut down due to the COVID-19 outbreak.

### **Sara**

Sara has been a teacher in Saskatchewan for 27 years. She has her Master’s in Educational Psychology and is a student support teacher in her school. Sara had no prior experience teaching *MW30* before the 2019/2020 school year, but she believed her Master’s education, teaching experience, and passion for promoting positive mental health had prepared her to teach the new curriculum. Sara taught *MW30* in a rural Saskatchewan school to 30 students during the first semester of the 2019 school year.

### **Emma**

Emma has taught secondary students in rural Saskatchewan for 14 years. Emma indicated that she felt prepared to teach the course after going through the teacher resources accompanying it. The only mental health-related knowledge Emma had before she taught *MW30* was around self-care and stress reduction. Emma taught *MW30* in the first semester of 2019 to 32 students and was able to get halfway through teaching 35 students in the second semester of 2020, before schools shut down due to the COVID-19 outbreak.

### **Kelly**

Kelly has been a teacher between kindergarten to grade nine for 20 years in rural Saskatchewan and had her first experience teaching the *MW30* curriculum to her 11 students.

Kelly felt that her prior knowledge from teaching kindergarten to grade nine Health and creating a program in her school on empathy and kindness enhanced her teaching skills. She also noted that her father suffered from severe depression and had spent a period of time at a mental health centre in Saskatoon, so the mental health and wellness experiences of others had been a part of her life. Kelly taught *MW30* for two thirds of the 2019/2020 school year before schools shut down due to the COVID-19 outbreak.

### **General Overview of the *MW30* Curriculum Experience**

All of the participants expressed that teaching *Mental Wellness 30* was a positive experience. They agreed that delivering a curriculum integrating mental health literacy, social-emotional learning, and contact-based education provided a foundation for adolescents to explore mental health and wellness literacy. Key to this was the personal element of the course, which invited students to examine themselves and their lives while preparing them for adulthood through proactive learning.

The *MW30* learning experience supports Noddings' (2005) research, which claimed that secondary level curricula that connect to larger well-being aims and provide content that meets students' expressed needs are seldom offered. Due to the increase in mental health issues the participants observed amongst their students, the teachers in this study believed that *MW30* should be a priority curriculum. The teachers agreed that sharing knowledge in a classroom regarding mental health and wellness, was vital in understanding the students' thoughts and behaviours. Parallel to teachers gaining an understanding of the students, the students also developed proactive strategies to enhance their wellness. Overall, the participants expressed that student feedback regarding the course was positive, engaging, and exploratory. One teacher

commented that her students were “super pumped,” and this enthusiasm transferred back to the teacher, who felt that co-constructing knowledge with her students increased their engagement.

Tensions and challenges arose within the course due to the sensitive nature of the content. The potential for hard conversations, the stirring of unpleasant thoughts or memories, and the vulnerability students experienced throughout curricular discussions and activities required careful guidance. Teachers remained cognizant of their students’ needs and worked hard to facilitate a climate of engagement, emotional safety, and positive social learning, all of which became evident in the themes emerging from the study. Particulars on these matters are discussed throughout this chapter.

The teachers were pleased with the number of students enrolled in their face-to-face course and showed interest in learning more about mental health and wellness. They all felt that having positive discussions and learning experiences in the classroom provided students with a good understanding of their mental wellness, what it means to be unwell, and how to recognize imbalances and put strategies in place to work through those challenges. The teachers agreed that students developed an appreciation for others and learned life skills that better prepared them for adulthood. Margaret felt as though she “had been waiting for a curriculum like this ... we have to get something into the kids’ hands, curriculum wise, that can be preventative.” Sara agreed, “this course is for their life, and students grew in self-awareness and personal development.”

### **Implications of the COVID-19 Outbreak**

Due to the COVID-19 outbreak in March 2020, the majority of Canadian schools shut down their physical classrooms to avoid the spread of the virus. Saskatchewan students were encouraged to continue with their courses, but they were also given the option to take their mark as of March 13, 2020 and discontinue classes for the remainder of the year. Many students across

Saskatchewan accepted this option due to the lack of internet, technology, and support provided by their teachers and schools. As a result, only a few students continued taking *MW30* after March 13. The teachers shared their hopes for the students to continue working on the course, but due to various personal struggles during the pandemic, many of their students in the second semester took the credit without completing the course.

### **Thematic Analysis: Cross-Case and Discussion**

Within a social constructivist framework, thematic analysis was used to identify the patterns within the socially constructed data. According to Braun and Clarke (2006) themes capture patterned responses and information related to the research questions. Data was collected through four individual interviews and a focus group, alongside detailed field notes. This collective case study used cross-case analysis to further analyze the interviews and field notes from each case (Creswell, 2013). Through the process of data analysis, three main themes were revealed: (a) *Increased Student Engagement When Teachers and Students Co-Create Pedagogical Decisions Supporting Positive and Safe Classrooms*, (b) *Emotional Scaffolding: The Role of Emotions in the MW30 Learning Experience*, and (c) *Valuable Learning Occurs When Social Interactions are Embedded in Curriculum and Pedagogy*.

#### **Theme 1: Increased Student Engagement When Teachers and Students Co-Create Pedagogical Decisions Supporting Positive and Safe Classrooms**

During the interviews, the teachers shared strategies that supported safe and positive classrooms. All of the teachers believed that building trust through caring relationships was essential to getting adolescents to discuss mental health and wellness concepts in a meaningful and collaborative way. Additionally, the teachers felt that sharing their personal experiences with mental health and wellness, stimulated classroom conversation, and made them more relatable to

their students. Kelly said “when teachers share personal stories, then the kids will feel safer to do the same,” and she felt that “it was important not to be afraid to be vulnerable because it is important to find strength in our weaknesses.”

The teachers were emotionally supportive and conscious of their students’ varying personalities, challenges, and adversities. Teachers worked to implement inviting and inclusive teaching practices to accommodate their students’ needs. Building positive classroom spaces where students felt an element of trust, respect, and safety was constructed through daily opportunities to come together as a class and discuss personal and social issues. Margaret observed that once students “got things off their chest,” they seemed to better settle into their day. She also tried to inject humour into their day and get them laughing together. Her goal was to help students realize their potential, and she was “100% present” for her students. Sara affirmed that she “had the best intentions moving forward for [her] students’ growth academically, emotionally, [and] socially, including facilitating conditions to foster increased student self-efficacy by helping them feel capable and successful.”

It was important to be respectful and responsive to students’ feelings, and the teachers honoured their students’ perspectives and contributions. There were times when unpleasant and shocking stories emerged from students’ experiences, which required the teachers to provide empathetic and caring responses while offering support to the students. Margaret stressed that “it is so important to portray a calm demeanour and not judge them [experiences] out loud to create an atmosphere of acceptance and non-judgement.” Margaret found that this strategy provided “a good gateway into those conversations that need to be had” about mental health and wellness. In this way, she believed their classroom portrayed “a family atmosphere, where there was a lot of trust, and everyone felt safe.” Margaret affirmed the following:

Our mood as teachers sets the tone. I try to remember to come in and make it positive for the kids because they don't need to come out of a home which is negative and come into school with me in a bad mood. They don't need that. They just came from that!

Sara contributed that *MW30* could be “a life-changing course for the student” and shared, “I love my students, and I always tell them that the work they are doing now in this course could change the outcome for whatever path they may go down.” However, she believed the course needs to be delivered in a respectful way, stressing the importance of learning about one's students. According to Sara, she begins the year with a “get-to-know” your students' activity and encourages classroom discussion. Through these experiences, she learned about her students, creating activities that were suitable for constructing a positive classroom culture, building trust, and avoiding situations that might invade a student's privacy and wellbeing.

Emma teaches in a school where low student engagement and high anxiety play a significant role in students' attendance and academic achievement. She never penalized a student for walking in late because she felt that it could serve as a deterrent, and they might not come at all next time. Emma felt that many students in her school were unaware of healthy strategies to put into place when feeling overwhelmed and anxious. She noticed that some students tried to suppress their feelings because they feared being seen as needing help or receiving a label attached to a mental illness. In addition, other students appeared unaware or unable to recognize and process what they were thinking or feeling. Emma noticed that when students got overwhelmed, their coping mechanisms were to suppress their anxiety with unhealthy behaviours of avoidance and procrastination. This coincides with Hosseinzadeh et al. (2018), who articulated how high levels of anxiety lead to procrastination and academic failure. Elaborating on this, Emma shared the following:



The biggest issue I see at school is anxiety and the negative coping mechanisms around anxiety, which have been affecting our grad rates, especially for our First Nations students. I feel that it's beyond my control and resources. I have a lot of students with mental health issues. They are too anxious to walk into the class. That becomes difficult because if they're not in class then they can't learn.

Each teacher strived to create an atmosphere within their classrooms that was warm and welcoming, with the hope that students would feel safe to come to school and learn. They believed that building connections, fostering healthy relationships, and creating safe spaces were necessary to increase students' feelings of belonging and potential for learning in a risk-free environment.

### ***Student Engagement***

*MW30* was a unique learning experience for both teachers and students. Teachers worked diligently through the process to negotiate students' needs and create positive curriculum experiences, healthy learning environments, and valuable outcomes. Challenged with a large class, Sara's students had registered in the course for various reasons. Some students enrolled themselves and were eager to learn, while other students were put into the course to earn an academic credit and thus were more challenging to engage. Sara expressed that, in the beginning, it was difficult to get all of her students to join in discussion or focus on course materials. She took the process slowly and built a culture of trust, respect, healthy relationships, and reciprocity within the classroom. Sara noted, "I learned about each student. Kids are stressed for a variety of reasons ... body image, social issues, feelings of isolation, social media, money trouble, and they take on a lot of their parents' issues." Kelly agreed, "I notice more trauma, more fending for themselves emotionally because families are overwhelmed with responsibilities." The teachers

knew they must engage *with* their students before they could engage them within the *MW30* curriculum. Kelly had a small group of students who were initially quiet and difficult to engage in group conversations. She felt there were tensions amongst the students that scared some from fully participating in class discussions. Kelly sensed that the students were worried they might be judged for what they said or that their words might be shared outside the classroom.

All four teachers spoke to the importance of getting to know students through activities and researching students' backgrounds before integrating sensitive curriculum content. The teachers indicated that in their classrooms there were students who lived with anxiety, severe depression, and high-functioning autism. Often, they would bring their challenges from home to school. However, it became clear that each of these teachers felt that it was well worth the time and care it takes to gently invite students into learning experiences about mental health and wellness. As these teachers moved through the curriculum with sensitivity and understanding, student engagement grew.

The teachers expressed that creating positive, caring classroom environments is an ongoing process. Once established and maintained, the teachers found they had an easier time engaging their students in classroom activities and discussions. According to Reeve (2011), "engagement represents the range of action students take to advance from not knowing, not understanding, not having skill, and not achieving to knowing, understanding, having skill, and achieving" (p. 580).

The teachers characterized most of the students in their classrooms as active learners. They believed that delivering the curriculum in an emotionally compelling way increased students' engagement, as well as their understanding of themselves and others. Pekrun (2014) claimed that "emotions control the students' attention, influence their motivation to learn, and

affect their self-regulation of learning” (p. 2). The teachers noted that they observed engagement by how students responded physically, including facial expressions and displays of excitement, and the conversations they were having. Skinner et al. (2009) claimed that students who show interest and enthusiasm are affectively engaged in what they are learning. The teachers observed interest and enthusiasm when students would take home what they were learning in class, think about it, and initiate further conversations around the topic. Margaret said “if we had a conversation about a mental illness one day, then we would talk about what they learned again a day or so later. I knew they absorbed that knowledge.” Margaret described her students as “intent, focused, and listening,” sharing the following about one student in particular:

One student loved the content of the curriculum and used her enthusiasm to help other kids in the room. During classroom discussions, she would share mental wellness strategies and skills that she learned through experience with mental health challenges and supported her peers with encouragement, reminding her peers that they were not alone.

Kelly observed “understanding, discussion, and confidence” developing in her students throughout the course, which assured her that the students were engaging in meaningful content. She found that “personal sharing always engaged her kids.” All four teachers claimed they could tell that students were motivated and focused on the concepts they were learning during class time when they asked questions and commented on what they had learned. Emma mentioned that she “knew the students were engaged by the questions they would ask. [She found] “when students are actually learning and interested in something, they’ll ask questions.” According to Emma, another strong indication of student engagement is when students find their learning

valuable. Emma said, “I knew they were engaged. I never once got asked ‘why do we have to learn this?’ Which was so nice!”

Noddings (2005) claimed that when students ask why they need to learn about concepts, they are searching for meaning and how the information at hand may apply to their lives. The data collected indicated that the teachers and the curriculum filled a need in students that was relevant to their interests, motivating them to co-construct a personal and collective meaning around mental wellness. Sara felt that students in her classroom had many opportunities to appreciate their unique characteristics and personal differences, and she shared the following:

One of my students with ADHD had multiple academic and behaviour challenges related to impulsivity. By showing an interest in learning about his behaviours, brain anatomy, medications, and supports, he understood himself better and worked through the skills that he can use to protect and maintain positive mental health.

Reeve and Tseng (2011) initially proposed *agentic engagement* as “students’ constructive contribution into the flow of the instruction they receive” (p. 2). Classroom-based examples include when students “offer input, express a preference, offer a suggestion or contribution, ask a question, communicate what they are thinking and needing, recommend a goal or objective to be pursued, [and] communicate their level of interest” (p. 2). Agentic engagement became evident in this study when the teachers described how students would offer input that guided the learning path to a more enriched and personalized discussion.

Due to its authentic and meaningful activities, the teacher resource accompanying the curriculum benefited both the teachers and the students. The resource included case study activities, videos, recorded testimonies, and literature, all of which helped the students make strong connections to the course content. The teachers agreed that learning was made more

meaningful because the students found the information relevant and applicable to their own lives. They also found that engagement in learning resulted from the personal intentions of these resource activities, whereby students could build constructive meaning through scaffolded learning and personal experience. Sara found the wellness wheel activity, one of the course's many resources, to benefit her students by helping them "understand themselves in a holistic way, how to regulate their emotions and do the best job they can in all of the wellness domains." The holistic piece helped students identify how their actions could influence their mental wellness both positively and negatively. Sara felt it was imperative that students "learn to check-in." To Sara, checking-in meant discussing with the student what they are doing to take care of themselves and their wellness. She believed it could be difficult for students to become strong individuals if they had weak foundational wellness skills. For students to grow and flourish, they need to take responsibility for their actions and put effort into developing self-efficacy within healthy lifestyle habits. Sara found that her students' motivation was enhanced when they saw how positive changes in their habits improved their overall wellness.

The resource also supported the teachers' confidence, enhanced their self-efficacy, and increased their opportunities to engage in knowledge construction with students. Supporting teachers to thrive at work has powerful benefits both personally and professionally, helping them create a caring, supportive, and positive learning climate (Collie & Perry, 2019). Margaret found the resource especially useful when going through the content with her students as it created excellent opportunities for discussion. She sensed that "there was a lot to be learned in the room from each person relating their experiences." Her students discussed strategies and formulated beneficial approaches for influencing positive outcomes in their lives. Margaret commented that

she also benefited from the teacher resource, as it improved her mental health and wellness literacy, thereby contributing to her teaching.

In conclusion, when collecting testimonials and data from the participants, the importance of building positive teacher and student relationships that encapsulate trust became apparent. The teachers involved with the study stressed the necessity of accessible resources and the benefits that accompany said resources. Accessible resources provided support that enabled the teachers to construct a positive and safe classroom, where students felt comfortable exploring their mental wellness. As such, these resources allowed the opportunity for teachers to manage their own wellbeing and act as a guiding support in navigating a new curriculum. When taking into account the students' unique thoughts, feelings, emotions, and opinions, the teachers were then able to adapt the course in order to maximize the learning experience for each student. The personalized learning approach, which is demonstrated throughout the study, allows students to gain knowledge that is more effective and applicable to their personal life and wellbeing.

## **Theme 2: Emotional Scaffolding: The Role of Emotions in the *MW30* Learning**

Park (2016) referred to emotional scaffolding as the actions teachers carry out to encourage student persistence and success. Research suggested adolescents who have the ability to emotionally disclose their thoughts and feelings often have fewer psychological and behavioural problems, as well as closer and more satisfying relationships with others (McCarthy et al., 2017; Goleman, 1999). Additionally, when individuals open up and express their thoughts and feelings, there is evidence of improvement in their physical and mental health (McCarthy et al., 2017; Smyth, 1998).

The participants implemented emotional scaffolding to personalize instruction, meet their students' needs, and connect the mental wellness content to their students' interests and

strengths. Collectively, the teachers made pedagogical decisions to scaffold affective growth in their students' zone of proximal development by making connections between the students' prior knowledge and the concepts being learned. The teachers offered an interpersonal space during the learning experience, where they provided emotional support and scaffolds to their students while negotiating the gradual transfer of responsibility. This resulted in extending their students' knowledge and increasing respect and empathy. The teachers found that an integral part of helping their students understand how language communicates emotions was assisting them in understanding their own and others' emotions. They remained vulnerable and open to what their students were feeling and saying by listening to and acknowledging their students' needs.

Emotional scaffolding became a critical teaching tool in all four classrooms and shaped the teachers' beliefs about which pedagogical decisions would enhance their students' learning experience (Park, 2016). The participants expressed challenges while teaching such an emotionally packed course. For each of the participants, the first challenge was handling the students' emotions which included sadness, anger, depression, anxiety, or panic. At times, students would express strong emotions without self-regulating or coping with what was going on in their minds and bodies due to the lack of development of these skills. Sara noted that she "had some awkward moments ... some tears, but never to the point where students saw it as a bad experience." Remaining calm as a teacher was challenging at times; however, the participants found it crucial to demonstrate regulatory behaviours to their students, thus leading by example. Additionally, the teachers had to remain mindful of potentially triggering material, as evidence suggests that teachers will likely encounter at least one student in a class that has suffered some form of trauma (Manne, 2015).

During the focus group, Margaret and Emma discussed strategies to support vulnerable students during sensitive discussions on mental health and wellness. According to Manne (2015), it can be difficult for teachers to predict potentially triggering material; however, the participating teachers felt that with appropriate cautions, vulnerable students could apply effective management techniques should the content discussed in class trigger distress. According to Carter (2015), “being triggered” is similar to a “paralyzing, overwhelming cascade of emotional and physiological” type of anxiety due to a traumatic personal experience. Together, the teachers expressed that it was important to include a lesson on what “triggers” are and how to cope with them, as they found that many students were not using the term correctly. Carter’s (2015) findings suggested the misuse of the word “trigger” has evolved over time, leading to severe misunderstandings of the term today.

It is worthwhile to note that each student has had different life experiences, and as such, contents discussed within the course may affect individuals differently. A risk associated with such content is the possibility of triggering past experiences, which teachers need to be aware of. When their students displayed strong emotional responses, the teachers were faced with the challenge of how to approach supporting them. According to the participants, they were often undecided as to whether they should leave the students to work through those feelings on their own time or if they should help them in the moment. Some students would seek support if they needed it, but others wanted to handle it in their own way.

To work through these kinds of challenges, the teachers discussed strategies they had integrated to support students through sensitive discussions on mental health and wellness. Emma always provided a context for the lesson to prepare her students, especially those that may have been vulnerable to the material. Emma shared that “if the conversation ever became too



much, they did not have to sit and listen ... they had permission to get up from their desk and go out into the hallway or put their earbuds in and tune out.” This was her coping strategy for managing unwanted emotions coming up in class. However, the conversation highlighted the importance of students recognizing personal triggers, working through them, and developing the strength and confidence required to cope with difficult situations moving forward.

As teachers and students co-constructed ways to deal with stressful moments, students expanded their emotional intelligence by examining their personal lives to make sense of abstract feelings, emotions, and thoughts. As teachers worked to establish healthy emotional learning through scaffolding the themes of trust and engagement, self-awareness, empathy, and relatedness emerged.

### ***Trust and Engagement***

The teachers scaffolded trust and engagement through a series of pedagogical strategies, finding it important to honour students’ contributions, model enthusiasm, and support students’ persistence in the learning. Teaching styles complimented their students’ needs, which is critical to facilitating social constructivist classrooms (Matthews, 2003). By scaffolding trust, the teachers created a learning environment where students could move beyond their comfort zone, work through their fears, and co-construct solutions to personal challenges.

The teachers believed that the sooner students could identify and self-disclose personal emotions, the sooner they could heal from whatever challenges they may be internally battling. Speaking to this, Margaret expressed the following:

It’s good that the curriculum touches something in them that needed to be brought up and worked on. The sooner they heal the better, rather than carrying it into adulthood and

when they are a parent themselves. It's better to work through those emotions when they are young and can put some coping and support systems into place.

The teachers scaffolded trust by explicitly stating their expectations for group discussions, valuing each student's perceptions and feelings, and acknowledging their emotional contributions to class discussions. As a result, the students became more collaborative and engaged in the classroom experience.

Developing trust in one another "opened a lot of doors and lots of emotions" in Margaret's classroom. She found that teaching a mental wellness curriculum was an "emotionally packed" experience, but she was happy to have the opportunity to help her students address different emotions, which "was where the learning happened." Students also needed to navigate and build trust in peer responses and discussions. Developing trust in one another initiated different classroom emotions, and the teachers addressed students' emotional responses and assisted them in working through these feelings. As McCarthy et al. (2017) showed, students trusting their audience's responsiveness is critical in developing their social identity. The critical aspect of trusting their audience brought to light an internal battle that many students in this age group are challenged with (as peer relationships are critical in development).

Although it was challenging, Sara found ways to build resiliency in her students through open classroom discussions where everyone felt respected. As a group, they would talk about where each student was "at the moment, and work on strategies on how to cope in their homes when other family members have mental health challenges." By taking on a caring, patient, and flexible approach, she could incorporate pedagogical methods that gave her students the confidence to share when they were ready (Noddings, 2007) or "pass" if they were not comfortable. Sara and her students found ways to encourage everyone to participate in group

discussions by asking, “Can you say one or two words?” or “Is there someone in the class that could answer for you?” As the semester progressed, Sara noted that “the students who passed initially started to share.” When Sara’s students would share in class, she would thank them and acknowledge their contributions, thus validating their self-awareness and creating a reciprocal learning experience.

Building trust within their classrooms was an important skill that the teachers implemented based on the needs of their students and classroom learning contexts. This daily practice was an evolving process, and it depended on the changing needs of students, events in their lives, and curricula content. All four teacher participants demonstrated a keen awareness of the importance of building trust to promote learning and engagement in their classrooms.

### ***Self-Awareness***

The teachers scaffolded self-awareness through reflection and journaling. Emma and Sara were challenged with large class sizes, resulting in some students feeling intimidated and preferring to discuss and reflect in small groups or through journaling. Journaling provided students with an opportunity to make connections, share their lived experiences, and express their feelings and emotions without fear of being judged. Emma commented that she “liked student journaling because that was where I saw a lot of their learning.” Sara shared “sometimes I wouldn’t see kids’ engagement until I asked them to write down what their thoughts were about the lesson, and then when I would read them, I realized they were listening because they understood the lesson’s goal.”

The teachers agreed that their students enjoyed learning about analyzing their thoughts, actions, and behaviours. Emma learned that many students in her classroom have difficulty with negative and perfectionist thinking:

A lot of kids think their thoughts are who they are, and our thoughts are not who we are!

It's important to learn to challenge our anxious, negative, and perfectionist thoughts.

Have them ask themselves, 'hey, what's going on here,' and bring awareness to those thoughts and feelings, and then they can go into a space to do something about it and use the tools they learned to work through it.

Huang et al. (2020) claimed that perfectionism is a critical factor in adolescents' personality and health. By gaining self-awareness of perfectionist thinking patterns and learning not to worry about being perfect, the students became more conscious and investigative about their thoughts. The participants believed that teaching students to challenge their negative thoughts enhanced their ability to recognize mental health signs, symptoms, and supports.

Emma practiced the pedagogical approach of journaling which provided students the opportunity to "make a human connection, share their lived experiences, and express themselves." Emma became more aware of her students' personal lives, feelings, and emotions through this process. Through journaling, her students found salience in their educational experience, which helped shape their identity in relation to their culture, gender, and status (Newman et al., 1989). The journals became a vehicle for self-exploration and gave meaning to the way students understood and interpreted their world. Emma recalled one of her students commenting that "she felt better because she learned the value of journaling and expressing herself." This student planned to continue journaling "on her own because it made her feel better, especially if she didn't want to talk to anybody about it." Furthermore, Emma shared that another one of her students "found the learning very valuable and helpful," while another said, "I learned how my brain works, and how my childhood and upbringing has affected my life." Another one of Emma's students learned the importance of "being supportive and being kind to those people

who are going through a dark phase in their life.” Emma introduced her students to a new level of cognition that better prepared them to care for and empathize with people struggling with mental health challenges. Goldstein (1999) and Noddings (2005) believed that learning how to care for others raises an individual’s sense of belonging and self-esteem. By exploring their mental needs, thinking patterns and behaviours, individuals are able to develop a stronger foundation for their mental health and wellness.

### ***Empathy and Relatedness***

Teachers scaffolded empathy through contact-based educational opportunities, which incorporated bringing individuals with lived mental illness experiences into the classroom (either in person, virtually, or through recordings) to share their personal recovery stories, conveying a positive message of hope to students (Chen et al., 2016). As the teachers and students watched the testimonials together, they began to imagine themselves in others’ experiences, thereby strengthening their empathetic skills. Empathy plays a significant role in positively correlating the fundamental personality factor of resiliency, which is linked to strong feelings of hope and helps prevent adolescent suicide attempts and ideation (Sánchez-Teruel & Robles-Bello, 2014).

Teachers felt that by using a social constructivism approach, students in their classroom demonstrated increased competence and autonomy in relation to personal and emotional experiences. By listening to the challenges in others’ stories, students explored feelings and emotions that enhanced their awareness of life’s experiences. Kelly observed the impact that having “real-life people sharing stories” had on her students’ engagement. She found the testimonials in the teacher resource to be “crucial for student engagement, a game changer, and the best part of the course, hands down!” Emma observed that these stories impacted her students’ self-reflections:

My students were interested in hearing real stories about someone's struggles and how they got through it. They realized others struggle but can deal with it because they had the tools and got the help they needed. As I read through their journals and reflections, I learned which stories resonated the most with my students. The testimonials gave students a door that opens for them to share what they might have wanted to share but didn't know how to go about it. Having those stories goes a long way to decrease the stigma around mental health issues.

Margaret noted that these stories also affected her students:

The expressions and the genuine emotion [from the testimonies] taps into students' empathy and sympathy for sure – it resonates with them – the expressions of the people talking, the crying, tears, realness, and genuine emotion .... As they listened to the testimonials, they identified the speaker's feelings and began to understand what that person was going through.

Margaret believed that when her students empathized with the testimonials, it helped them to “normalize” the mental health challenges and struggles that people encounter.

Through viewing the testimonials, participating in the subsequent discussions, and journaling afterwards, students deepened their self-awareness and understood the experiences expressed in each story. Margaret noted that “feeling others' hurt and pain during their most challenging times was where the learning happened for the students.” This became the foundation upon which the participants taught their students new coping strategies, and how to interrogate their own thoughts and feelings. They also taught the students how to create and move into a calm space, either alone or with a trusted peer or adult, and apply the strategies they had learned. By expanding student knowledge, teachers were creating environments where

emotional intelligence and interactions of affective and cognitive domains, in the zone of proximal development, had the possibility thrive (Goleman, 1995; Vygotsky, 1978).

Empathetic experiences introduced students to new levels of cognition. If the students chose to engage, they became better prepared to care and empathize with others who struggle with mental health challenges. The teachers noted that as the students encountered experiences where their empathetic skills were utilized, increased student engagement, self-esteem, and confidence grew. Students also experienced an increased sense of belonging by connecting to the stories they had heard. Emma shared, “Students realize there is another real person, with a real-life, and with real struggles, that they connect with, and they would say, ‘I have an uncle like that’ or ‘my sister has the exact symptoms’.” Margaret agreed, “The stories normalize mental illness because students learn there are other people going through it. Others struggle with it but can deal with it because they have tools now and got the help they needed.”

This sense of relatedness in the classroom stimulated supportive conversations where teachers and students co-constructed new ways to cope with mental health challenges and persevere through stressful experiences. According to Sato (2001), motivations that aim to increase a sense of relatedness correlate to one’s psychological well-being. The teachers agreed that it was easier to motivate the class when they related to their students and the content. For Margaret, having “personal connections helped her students open up and have supportive classroom conversations.” She reported that her students’ sense of relatedness played an important role in their motivation, emotional disclosure, and engagement. Sara felt that the course promoted the opportunity “to understand ourselves and our differences,” and she was able to “personally relate to” many of her students.

Margaret commented, “If you can see something in somebody else that relates to you, that’s the hook. When you can compare to other things in your life, that’s the anchor!” Across the board, the testimonials gave students the hope and confidence that they could overcome various challenges in life. Ultimately, no matter what state of mental health the students were in, they realized there are varying levels of mental health, and they can better empathize with those who suffer more intensely. Overall, the teachers felt that contact-based education promoted empathy and reduced the negative stigma associated with mental illness. By removing negative stigma associated with mental illness from the classroom and adapting the course to suit the emotional needs of the students, students were able to gain emotional intelligence, integrating intellectual and emotional development alongside one another. As a result of gaining emotional intelligence from contact-based education, students found positive ways to identify and manage their emotions while developing effective communication and empathy towards others.

### **Theme 3: Valuable Learning Occurs When Social Interactions are Embedded in Curriculum and Pedagogy**

Interactive experiences with peers, plays a significant role in cognitive development for adolescents. Vygotsky (1978) suggested that “learning awakens a variety of internal developmental processes that are able to operate only when the child is interacting with people in his environment and in cooperation with peers” (p. 90). Throughout the study, the teachers observed the intellectual growth that occurred when students interacted with peers. Following the intellectual growth, the participants also recognized the students increasing empathy towards others. Noddings (2008) expressed that “dialogue that involves a mutual quest for understanding is a fundamental component to activating caring relationships” (p. 168). The interaction between peers and the development of intellectual growth and empathy, reflects a social constructivism



approach. Social constructivism recognizes that learning occurs through social interaction, and new knowledge is co-created from the learner's past or current knowledge (Booyse & Chetty, 2016).

The *MW30* curriculum invites students and teachers to construct new knowledge collaboratively while also honouring the knowledge they bring as individuals to the course. Through social interactions, the teachers found that pieces of students' experiences, memories, and feelings began to connect, allowing them to begin making sense of theirs and others' mental health challenges. Margaret noted that her students could "see that other people their age or older got through it, and they are okay. The stories give students hope."

Throughout the course, students engaged with each other, curriculum content, their teachers, and the classroom environment with the goal of learning in a safe space and feeling free to express and explore experiences. Throughout the process, the teachers' agreed that they found their role had shifted from a preceptor to a facilitator of learning.

### ***Social Groupings to Increase Engagement***

Group work encouraged students to collaborate and negotiate new constructions of knowledge from their personal experiences and to challenge existing perspectives of the world (Bovill et al., 2011). All of the teachers recommended incorporating group work as much as possible to instill a sense of connection and belonging. One consideration for group work is the arrangement of the learning space. Emma was challenged with teaching the course in a science lab, which had a large, unmovable island. She reconstructed her room daily to make it a more collaborative space, pushing tables together into a formation that facilitated group work. Emma shared bringing students together in this way was important:

Moving around the classroom was a bit difficult, so it was important to create a functional space for students so that students can bounce ideas off each other and learn from each other. My students really enjoyed participating in interactive activities such as jigsaws, peer teaching, and group research projects where they had to explain to their peers the knowledge they were gaining. This can help all students feel connected and part of the classroom. And as a teacher, I can build relationships with my students.

Emma found constructive environmental arrangements helped her engage in the students' learning:

When the students were in small group settings, I would go around and sit with each of the small groups. They would share a lot more with me in a small group setting with a couple of their friends. They would never raise their hand and say it aloud in front of 30 other students.

Several of the teachers were engaged with mentoring projects and group activities with their students. Kelly observed her students evolve into mental wellness champions as they co-constructed new knowledge about mental health and wellness with younger students. She described her students as “a quiet bunch, but they came out of their shell in the school-based mentoring projects.” The students' mental wellness projects challenged them to explore age-appropriate health outcomes that could be met through student-designed team building and stress-reducing activities. The students took pride in what they were learning and gained “confidence.” She found “they really shone” when given the opportunity to mentor others. Her students would share “their own vulnerable stories” to promote and encourage positive mental wellness, reduce stigma, and increase empathy around mental health and wellness. For Kelly, these experiences “will be memories [that I] will take from teaching this class.”

Margaret echoed the importance of mentoring in the co-construction of new knowledge. She taught seven students ranging in age from 15 to 20 in an independent school designed to support students with difficulty attending the public high school in their community. The small and trusting nature of their particular group allowed them to “discuss deep issues,” and she found that the mental wellness course in company with the teacher resource, “helped start those conversations.” Throughout the course, Margaret’s “favourite pairing” was when the older students provided the younger students with the “wisdom that they have learned from their experience.” Margaret reflected on how one of her students “took a younger student under her wing and role modelled good decision-making skills.” Through this co-construction of knowledge, Margaret observed her older students validating the younger students’ feelings and concerns. The older students would say things such as “yes, that’s normal, there’s other people like you,” which helped the younger students feel supported and not alone. Margaret stated, “This course gave my students the opportunity to have conversations about topics that need to be had, and a door to share what they might have wanted to share but did not know how to go about it.”

Through class discussions and reflections, Margaret found that her students would share ways they positively coped when aspects of their life became challenging and stressful. She observed them saying things such as, “You know what I do? I go for a drive, or I go get a friend and we go for a walk.” Through emotionally rich conversations stimulated in class, Margaret fostered her students’ ability to support and trust each other. She learned that peer teachings gave her students new skills and strategies they did not already have, and she believed that interacting with her students strengthened relationships amongst the classroom as a whole.

Sara found that her students responded in a “meaningful way” towards collaborative and interactive classroom experiences. She acknowledged that her students were involved and on task; however, a few of her students were “tougher to reach emotionally, but they were always alert!” Sara observed her students co-creating knowledge about mental health and wellness through “group work and talking circles.” Through these kinds of experiences, they learned about themselves and gained an awareness of the positive strategies they can apply to live a healthy life. Self-care became an essential component towards maintaining a safe and positive classroom, and the participants saw it as key to ameliorating the negative consequences of stress.

The participants taught their students to recognize personal and outside supports to foster mental health and wellness, improving and advocating support seeking behaviours. Teachers engaged students in creating a ‘personal circle of courage’ to assist them in identifying local, provincial, and national supports. The teachers found that this activity instilled a sense of belonging, fostered courage, and engaged students in constructing a support circle to persist and be self-compassionate through difficult times.

Research has suggested that students who engage in acts of self-compassion are more curious and able to buffer against stressful events (Bluth et al., 2018). The participants found that engaging students in positive and self-compassionate coping strategies encouraged them to look at their emotions with an intellectual lens rather than reacting impulsively with previous behaviours and coping tendencies. Taking time in the day to embrace students’ challenges, expand decision-making skills, and promote strength-based behaviours could support the maintenance of students’ healthy behaviours and a smoother transition into adulthood (Bluth et al., 2018).

Emma noted that throughout the course, she was able to teach her students the vocabulary necessary to describe the abstract thoughts they experienced. The teachers agreed that learning the proper mental health terminology transferred into students' ability to articulate, share, and teach others about mental health and wellness. Adolescents who can emotionally disclose their thoughts and feelings have been found to have fewer psychological and behavioural problems and more satisfying relationships with others (McCarthy et al., 2017). Empirical evidence suggests that when individuals open up and express their thoughts and feelings, there is an improvement in both their physical and mental health (McCarthy et al., 2017; Smyth, 1998). For individuals to confront the fear of opening up, trusting the responsiveness of their audience is required. (McCarthy et al., 2017). Jourard (1971) claimed, "Self-disclosure follows an attitude of love and trust" (p. 5).

All four teachers agreed that they learned new things about their students during the course, which stimulated new conversations. Margaret stated, "The course opened up the classroom dialogue." She saw growth in her students through the opportunities for sharing, which led to increased learning and strategizing for their mental health and wellness. Sara shared, "There were new things that came up that I didn't know about my students, which was helpful. Because they were in a safe place, the students began to divulge things they have been through."

After watching their students co-construct solutions, supports, and self and social awareness, the participants expressed that they believed the education system is moving forward with a more proactive and preventative approach to mental health and wellness. Awareness, acquired through classroom co-construction of mental health literacy, helped students establish a sense of relatability amongst each other. They developed the ability to identify their mental

health challenges and recognize personal strengths while also being reassured that treatment and support are available.

### ***Destigmatizing Mental Health***

During classroom interactions, teachers recognized that through learning about stigma and the negative consequences for people living with mental illness', the students were positively impacted and gained a sense of empowerment. All four teachers agreed that the negative stigma associated with youth disclosing mental illness and seeking support still exists, and Emma saw that "asking for help [was] a massive hurdle for kids getting the help they need." By educating students on the importance of seeking support and providing them with accessibility to do so, without the worry of receiving judgement, accessing the supports needed becomes much more achievable and convenient.

Emma pointed out that by discussing different mental health strengths and challenges in a class together, adolescents can learn about the range of mental health experiences, which reduces stigma and improves their help-seeking behaviours (Kutcher, 2009; Kutcher et al., 2015). Emma was shocked by how few students in both her classrooms understood what stigma was. Once students understood the origins of stigma, what it looks and feels like, and how it applies to them personally, they experienced a transformation. Emma shared, "One of my students articulated that she didn't realize that what she was feeling was a stigma around her mental illness. When we did that lesson on stigma, she finally understood, and it made sense what those feelings were." The teachers expressed that family, culture, and community can influence their students' prior knowledge about stigma, mental illness, and seeking support. Sara commented, "Some kids cry out for help, and they are willing to say, 'I'm going to the counsellor' or 'I need this,' and then there are others, where reaching out is viewed as a weakness as opposed to a strength." The

teachers felt that understanding more about stigma and looking at it from different societal and cultural viewpoints prepared students to move beyond black and white thinking. By looking at stigma through a variety of societal and cultural lenses, the students expanded knowledge and motivated them to co-construct solutions in relation to the negative stigma often associated with mental health challenges.

The teachers agreed that learning proper mental health terminology helped everyone become more aware of stigmatizing language. The teachers and students co-constructed what they thought stigmatizing language was and recognized how easily it is used. Emma shared that one day, when she was organizing her desk, she said, “I am so OCD.” One of her students replied, “That’s stigmatizing language!” Acknowledging her student’s awareness and validating her contribution to the class, Emma replied, “Oh, you are right. I should say that I’m tidy!” Examples like this, where the participants remained open and vulnerable throughout the course, helped form student-teacher relationships.

### ***MW30: Is Every Teacher a Good Fit?***

*MW30* presents resources to provide an unthreatening environment where secondary students are able to have unique and in-depth discussions on sensitive issues within mental health and wellness. Discussions surrounding the sensitive issues within mental health and wellness have potential to bring forth unpleasant memories and experiences. The teacher resources that were provided, equipped teachers with the tools to navigate these difficult conversations. The participants and their students have described these difficult conversations as incredibly valuable because they interpreted the content as being “authentic and relatable.” Teachers play a large role in the lives of students, but it cannot be assumed that all teachers have instinctual empathy with an emphasis on positive mental health concerning students. Due to the sensitive subject matter

within a mental wellness curriculum, some teachers may not feel equipped with the knowledge to successfully support their students or may be uncomfortable regarding the subject matter as a result of personal or academic reasons. The question arises, are all teachers fit to deliver this curriculum, or should there be consideration as to who teaches this course, and who decides?

Each of the participants believed they were a good candidate for teaching *MW30*. The selected participants described that the qualities they felt were essential to enhancing social and emotional learning, included being open, warm, empathetic, and caring. Moreover, the participants added that teachers considering the *MW30* course should be sensitive to establishing a learning community that encompasses trust, care, and security. Ultimately, the teachers participating, emphasized the need for skills that enable the ability to guide students through potential discomfort and demonstrate that mental health is a human issue encountered by everyone. According to the teachers, guiding students through potential discomfort within discussions, requires the ability to draw students into meaningful and productive thinking, moving them beyond their comfort zone. The participants felt that when teachers are passionate and knowledgeable about a subject, the students were more likely to be engaged.

The participants believed that having experienced mental health challenges themselves contributed to their capacity for teaching this course. Their lived experiences helped them bring empathy and knowledge to the topics being discussed. They felt able to observe and adjust accordingly to the needs of their students and believed that understanding what students are going through positively influences the learning outcomes. Throughout the interviews and focus group session, the participants highlighted that the course requires a teacher who is empathetic and can relate to the students through some aspect. They commented:



*Emma:* “If you never struggled before or if you never felt anxiety yourself, how can you empathize with a student who is going through it? The teacher has to be open to discussing very important topics the way that they deserve to be talked about.”

*Margaret:* “I agree with you. That personal connection helps immensely.”

*Sara:* “I don’t believe that just anyone can teach this course. They need to have a passion for the subject. I do feel that I might not be cut out to teach shop, but I am cut out to teach this course. It is a life-changing course for the student, but I believe that it needs to be delivered in a certain way in order for that to happen.”

*Kelly:* “We need to promote mental wellness like we would promote the safety of someone’s physical health. We need to help kids talk about the internal battles they are fighting.”

Teachers play a pivotal role in their students’ academic pursuits and emotional and social development (Kratt, 2019). Teaching any subject in high school can be challenging; however, the challenges related to teaching *MW30* are unique due to the sensitive subject matter which can elicit a range of emotions from students. It was evident that all four teacher participants shared a passion for teaching about mental health, a subject which they enjoyed, valued, and saw as important for their students to learn about. Though the schools involved in the study had different population sizes, they were still able to find one teacher who wanted to further students’ exploration and co-construction of knowledge in the area of mental health and wellness literacy.

### **Can Teachers Care Too Much?**

The teachers agreed that their experiences within the study were primarily positive, and they felt that valuable outcomes were achieved throughout the course. They found the authenticity and relevance of the course resonated with their students and provided an

opportunity to explore and refine mental health knowledge. Be that as it may, the participants also shared tensions and challenges that arose while navigating the sensitive nature of the content. These included the need to be sensitive to students' lives and assist them in managing engagement with curriculum-related concerns and experiences. The teachers had to think and act in constructive ways to weave the curriculum in with the emotional needs of their students and maintain responsibility for their students' safety and emotional well-being.

The teachers were involved in their students' lives, both professionally and personally. They genuinely cared about their students' mental health issues and their academic outcomes, and they felt personally responsible for them. As the participants took it upon themselves to seek a balance between student mental health and wellness and the expectations of academic performance, the levels of stress elevated. As research has shown, this kind of pressure has been found to increase teacher stress (Willis et al., 2019), particularly in areas where the teacher has little control. Ekornes (2016) found that a large number of teachers feel both a professional and personal obligation to support students with mental health problems; however, they may also feel helpless and fear worsening their students' mental health problems. The imbalance between the demands of teaching and the supports and resources needed to carry out those demands raises concern for professional burnout in teachers at the secondary level (Carr et al., 2018; Ekornes, 2016; Graham et al., 2011; Mazzer & Rickwood, 2015; Willis et al., 2019; Woloshyn & Savage, 2018; Zee & Koomen, 2016).

The participants inferred that their students' home and family situations challenged the teaching and learning experience. As they expressed their concerns about students' mental health and well-being, a sense of worry and helplessness was prominent in their voices. Each of the

teachers took it upon themselves to manage the impacts of students' personal issues at home while delivering the curriculum.

There is a growing concern among teachers that their extended parental responsibilities are consuming their pedagogical responsibilities (Edling & Frelin, 2013; Graham et al., 2011). During the interviews, the participants expressed struggling with differentiating their expanding teaching role and the parental responsibilities of supporting their students' mental health and wellness. According to Ekornes (2016) augmentation of teachers' roles and responsibilities has emerged from the reality of secondary classrooms, where many students struggle with mental health concerns but have few supportive individuals in whom they may confide. The participants in this study often took it upon themselves to monitor and check in with their students' mental health and wellness, raising concerns about teacher well-being and the sustainability of caring practices. When the onus to support students falls on teachers, it is possible they may become emotionally drained and professionally exhausted (Darragh & Petrie, 2019; Ekornes, 2016; Graham et al., 2011; Mazzer & Rickwood, 2015; Woloshyn & Savage, 2018).

### **Summary**

Through effective pedagogical practices, the teachers were able to engage students in a deeper understanding of mental health and what it means to move towards a healthier, more holistic lifestyle. Instilling knowledge, skills, hope, resiliency, and expanding empathy for those who struggle with mental health issues was primary in co-constructing knowledge with their students. By engaging students in proactive behaviours related to mental health and wellness, teachers and students co-created positive learning outcomes and solutions. As the study unfolded, it became evident that building caring and supportive relationships enhanced the experience for both the teachers and students. Within the four classrooms, the participants formed relationships with their

students, shared knowledge, and discussed real-life problems relevant to the adolescents they taught. *MW30* proved to be a shared learning journey, resulting in transformational knowledge about mental wellness. Through course content, the participants delivered proactive strategies to empower their students in becoming healthy, contributing members of society. Finally, it became evident that the teachers were at risk of professional burnout and other challenges to their mental health, and they required strategies to maintain their personal health and wellness.

## CHAPTER 5

### Discussion

This collective case study illuminated four teachers' experiences as their students and they co-constructed knowledge through the *MW30* curriculum. In this study, two main questions were addressed:

- 1) What are the experiences of four teachers as they co-construct knowledge with their students in secondary education through the study of the *MW30* course?
- 2) How do teachers further co-construct new knowledge about teaching the *MW30* course through conversations and interactions with each other?

The findings revealed three core themes relating to the co-construction of knowledge between teachers, students, and curriculum: (a) *Increased Student Engagement When Teachers and Students Co-Create Pedagogical Decisions Supporting Positive and Safe Classrooms*, (b) *Emotional Scaffolding: The Role of Emotions in the MW30 Learning*, and (c) *Valuable Learning Occurs When Social Interactions are Embedded in Curriculum and Pedagogy*.

The participating teachers strongly believed the key to engagement was building positive relationships with their students. Constructing a safe and welcoming learning environment heightened participation and opened dialogue. The teachers used emotional scaffolding to inspire students' confidence, increase their empathy, and foster a sense of relatedness. Lastly, co-construction of knowledge through discussion and collaboration facilitated a student-centred classroom, which enabled students to stay on task longer and engage in interactions within their zone of proximal development. These themes consider the benefits of contact-based education and explore how this form of education increases student engagement, both academically and

emotionally. The themes in this chapter also analyze the role of teachers within a contact-based education and inspect how social interactions develop a more valuable learning experience.

### **Theme 1: Increased Student Engagement When Teachers and Students Co-Create Pedagogical Decisions Supporting Positive and Safe Classrooms**

Consistent with other research on caring, safe, and positive classrooms (Bond et al., 2007; Cefai, 2011; Johnson et al., 2011; Noddings, 1995; Shernoff et al., 2016; Shernoff et al., 2017; Skinner et al., 2008; Wang & Eccles, 2012; Wang & Eccles, 2013), this study revealed that co-constructing a respectful and welcoming classroom atmosphere could increase students' engagement, motivation to learn, and confidence to discuss abstract and sensitive topics related to mental wellness. The participating teachers fostered a sense of belonging and security throughout the learning, which, according to Cefai (2011), supports students' ability to remain focused, problem-solve, and co-create knowledge. Findings from this study indicate that positive teacher-student relationships promote students' motivation to learn, sense of belonging, and connection to course content (Fredricks et al., 2019).

To build positive and safe classrooms, the participating teachers provided sufficient opportunities for their students to collaborate, develop trust, gain competence, and demonstrate autonomy. Research suggested that these pedagogical attributes are critical components for constructing well-managed and supportive classrooms (Burns et al., 2019; Fredricks et al., 2019; Simonson et al., 2008; Shernoff et al., 2016) and were pivotal in motivating and engaging students (Ryan & Deci, 2000; Ruzek et al., 2016; Skinner et al., 2008; Wang & Eccles, 2013). It was evident that classroom partnerships between the teachers and students were created through the opportunity to share, listen, and explore their curiosity together. These meaningful interactions enhanced the students' abilities to inquire and evaluate new ideas and knowledge

within their generation. As a result, students in the *MW30* classrooms extended their zone of proximal development, which the participants observed in the form of increased student learning, engagement, and collaboration.

Noddings (1995) described teachers as extraordinary people in the lives of students. She spoke to the importance of spending time “developing relationships of trust, talking with students about problems that are central to their lives, and guiding them toward sensitivity and competence across all domains of care” (p. 61). The teachers in this study saw the *MW30* curriculum as an opportunity to participate in caring relationships, which Noddings (2005) affirmed is an essential quality of meaningful and engaging teaching.

The interviews revealed that each of the participating teachers genuinely cared for their students. They wanted to co-construct positive relationships and caring classrooms by understanding their students’ feelings and views. The teachers listened with intention as students expressed personal experiences, ideas, concerns, opinions, and beliefs. They provided their students with support, encouragement, reinforcement, positive feedback, and opportunities to respond and reflect, enhancing students’ engagement and motivation to learn. By practicing and demonstrating caring encounters through the curriculum, the teachers helped their students learn how to care for their own well-being and the well-being of others. The teachers shared various examples of putting extra time and effort into daily routines and interactions to build a creative and collaborative space where students felt safe. For example, the teachers took pride in being aware of the students’ varying limits and abilities and responded by providing developmentally appropriate tasks.

Naturally, the teachers organized the *MW30* curriculum “around themes of care-caring for self, for intimate others, for strangers and global others” (Noddings, 1995, p. 675). To care

for themselves, students engaged in stress-reducing exercises, journaling, setting and achieving wellness SMART goals, and displaying gratitude. Caring for others was taught through role modelling, case studies, collaborative activities, talking circles, school projects, and journal entries. The third theme of caring for unfamiliar individuals and global others was integrated by listening to guest speakers and engaging students in contact-based educational testimonials (Noddings, 1995).

In congruence with recent research, this study linked positive classroom interactions to students developing a higher sense of behavioural, cognitive, and emotional engagement (Fredricks et al., 2019; Larson et al., 2020; Wang & Eccles, 2013). The participants repeatedly emphasized that students were behaviourally, cognitively, and emotionally engaged in the lessons, making the *MW30* teaching experience meaningful and memorable for both the teachers and students. Throughout the experience, the teachers learned that building social and emotional learning skills into secondary classrooms leads to a positive influence within behavioural engagement. This finding is essential, considering classroom management and student discipline problems are common factors in teacher stress and burnout (Carr et al., 2018; Schonert-Reichl, 2017; Willis et al., 2019; Zee & Koomen, 2016).

### **Student Engagement**

Engagement is understood as an individual's cognitive, emotional, and behavioural connection to what they are learning and is critical to student retention, motivation, and academic success (Picton et al., 2018). Deep engagement means that students value their learning, feel a sense of belonging, and display behavioural compliance (Wang & Eccles, 2012), all of which are dynamics that the study participants saw in their students. Consistent with prior research, this study found that relevant subject content was a key factor in teacher and student engagement



(Bond et al., 2007; Fredricks et al., 2019; Lampert, 2005; Larson, 2020; Shernoff et al., 2016; Wang & Eccles, 2012; Wang & Eccles, 2013). Collectively, the participants valued the *MW30* curriculum alongside the teacher resource and recognized the content as beneficial to the well-being of themselves and the students. The teachers felt the students were cognitively and emotionally absorbed by the *MW30* content. Deep student engagement with the course propelled students' sense of motivation, self-awareness, and eagerness to learn. Furthermore, the teachers observed that the students gained a sense of relatedness and empathy towards others. This finding supports self-determination theory, which expresses that an individual's self-motivation and engagement in learning is bolstered when their needs for autonomy, competence, and relatedness are met (Fredricks et al., 2019; Froiland & Worrell, 2016; Johnson et al., 2011; Sun & Chen, 2010; Quin et al., 2017; Zimmer-Gembeck et al., 2006).

To build a sense of autonomy, the teachers provided students with choice and a sense of purpose in what they were learning (Fredricks et al., 2019). Additionally, the teachers made decisions with students on how, what, and where to learn. They expressed that achieving interpersonal connections in other secondary academic settings had been challenging. Due to the content of *MW30* being personal, engaging, and relevant, the students never asked "why" they had to learn a concept. The participants expressed that the students were intrinsically motivated to attend class, be attentive, and collaborate. This pattern of findings underscores the concept that when adolescents find learning activities interesting, relevant, and enjoyable, they will be more attentive and engaged (Jarvis, 2011; Larson, 2020; Skinner et al., 2008). Roeser et al. (2000) described how teachers have a central role in fostering student engagement:

Adolescents' decisions to engage in learning or not in the classroom depends in some measure on whether they feel able to meet the challenges presented to them, whether they

see purpose and value in classroom activities, and whether they feel safe and cared for by others in the setting. (p. 454)

To build competence, the teachers intentionally got to know their students and used this knowledge to rouse their interests, connect them to the content, and engage them in lessons. The participating teachers used personal examples, positive affirmations, and regular feedback to support students' confidence and understanding of unfamiliar concepts (Burns et al., 2019; Fredricks et al., 2019; Rosiek & Beghetto, 2009; Ruzek et al., 2016; Shernoff et al., 2016) cognitively and emotionally. Additionally, they adapted the activities, conversations, and assessments to the students' academic needs, which provided them with competence and knowledge. Finally, students could explore topics of interest with their peers and teachers, which was found in this study to be highly motivating and engaging for the students.

An adolescent's sense of relatedness is often associated with the quality of their engagement (Skinner et al., 2008). The teachers in this study instilled the concept of relatedness by providing their students with the opportunity to connect with teachers, peers, and others outside the classroom walls. Participating teachers remained emotionally attuned to the students' needs, including by being mindful of their challenges (Quin et al., 2017). Previous research similarly showed that adolescents gain confidence and motivation from knowing they have a social network to buffer life's inevitable challenges and stresses through emotional support (Ruzek et al., 2016). The participating teachers and their students co-designed learning spaces, collaborative work, and course activities to promote relatedness, which increased relevance, enthusiasm, curiosity, and engagement in the learning. Overall, this study confirmed previous research results, finding that when teachers developed a safe environment and co-created pedagogical decisions alongside students, engagement was fostered and adolescents'

psychological needs for autonomy, competence, and relatedness were fulfilled (Furrer & Skinner, 2003; Park et al., 2012; Skinner et al., 2008).

### **Emotional Engagement**

Emotional engagement is a student's affective response to what they are learning and whom they are learning with, which plays a critical role in adolescent wellness and academic performance (Park et al., 2012). Self-regulation skills, attention, and the motivation to learn are influenced by an individual's emotions (Pekrun, 2014). As a result of emotions having a significant influence on an individual's development, adolescence is a critical stage for social and emotional skill-building to increase learning capacity in self and social awareness (Yeager, 2017; Zins & Elias, 2007). When developing social and emotional intelligence, adolescents begin to build a foundation for learning and achievement, which promotes their mental health and prevents alcohol or substance abuse (Durlak et al., 2015; Ulvay & Ozkul, 2018; Zins & Elias, 2007). During this study, it was evident that learning became enhanced when students were provided the opportunity to develop and nurture social and emotional skills. By furthering skills such as empathy, self-awareness, social awareness, and decision making, students managed their personal well-being and developed an emotional engagement within their studies, thus enhancing their overall learning.

Exploring emotional engagement in this study was important, as research has suggested that "inquiring on emotions in education has been generally neglected" (Schultz & Lanhart, 2002, p. 67). Moreover, there is insufficient research regarding the effect of emotions in secondary-level teaching and learning, and a lack of understanding regarding teachers and their constructive emotional responses towards students (Larson et al., 2020; Mazzer & Rickwood, 2016; Mevarech & Maskit, 2015; Rosiek & Beghetto, 2009). This study showed that emotional

engagement from the students contributed to an overall increase in a positive classroom experience, for both teachers and students at the secondary level.

Consistent with Skinner et al. (2008), this study found that students who experience positive emotions in the classroom make a greater effort to engage in their learning. The teachers found that this greater emotional engagement with the content led to more significant cognitive and behavioural compliance. Positive emotions within the classroom supports the research conducted by Skinner et al. (2008), who indicated that emotional engagement in learning is the “active ingredient in sustaining motivation ... [and] bolstering behavioural engagement” (p. 778). In this study, the student’s behavioural engagement was substantially affected in a positive manner, due to the surplus of emotional engagement within the course as a result of co-creation between student and teacher. Most importantly, emotional engagement became “the active ingredient in sustaining motivation” (Skinner et al., 2008, p. 778) throughout the course. As the participating teachers saw their students gain a personal and emotional connection to the content, they noticed a positive change in behaviour: Students became less distracted and more motivated to participate in discussions and learning activities. The teachers’ reflections noted that this increased level of engagement translated into many students becoming leaders, advocates, and co-constructors of mental wellness knowledge and awareness outside their classrooms. Research suggests that many adolescents experience a decline in motivation upon entering secondary education (Fredricks et al., 2019; Stroet et al., 2016; Stroet et al., 2015; Wang & Eccles, 2012), the implications of these findings are important for educators: Motivation is an essential prerequisite for learning.

## **Theme 2: Emotional Scaffolding: The Role of Emotions in the *MW30* Learning**

Building on Vygotsky's (1978) theory of scaffolding, Meyer and Turner (2007) defined emotional scaffolding as “temporary but reliable teacher-initiated interactions that supports students' positive emotional experiences to achieve a variety of classroom goals” (p. 244).

Although research is limited, Park (2016) claims there is more literature surrounding emotional scaffolding emerging. The research that is currently available suggests that emotional scaffolding is a concept which brings awareness to the role emotions have during the learning process (Park, 2016). The *MW30* curriculum took Park's (2016) research and incorporated social and emotional learning skills as fundamental outcomes. The teachers in this study showed that emotionally scaffolding trust, engagement, self-awareness, empathy, and relatedness enhanced the experience of teaching and learning throughout the course.

### **Emotional Scaffolding Curriculum Goals**

The *MW30* curriculum was developed with the expectation that teachers and students would be provided time in the school day to cultivate critical, social, and emotional learning skills, concepts which Park (2016) stated are often neglected under the pressure to meet academic standards and achievements. He argued that teachers do not have the time and energy to address emotions in the classroom, leaving them unattended to. Some teachers naturally have the ability to build social and emotional skills, into their subject matter and daily interactions with students, whilst other teachers struggle due to a lack of education and professional development (Carr et al., 2018; Esen-Aygun & Sahin-Taskin, 2017). Research has shown when teachers are able to assist students in developing social and emotional skills through a learning environment and their daily interactions, students become more engaged and gain emotional intelligence (Goleman, 1995). Moving forward, it is clear that all teachers must integrate these

practices across curricula, regardless of their abilities, so that adolescents leave secondary school with the skills required for leading healthy, productive, and well-grounded lives.

All four teachers emphasized the importance of being familiar with their students' various learning styles before implementing instructional strategies for emotional scaffolding, which is consistent with the literature on effective teaching practices (Meyer and Turner, 2007; Park, 2017; Roseik, 2003). The participants provided emotional scaffolding by assisting their students to understand and navigate their emotions, stepping in at critical moments to provide support. Additionally, they modelled their enthusiasm for practicing self-care.

### **Engagement, Relatedness, and Empathy Through Contact-Based Education**

Humans are born into the world with an innate need to connect and relate to others (Skinner et al., 2008). Connection helps individuals normalize their feelings and experiences, which is especially important during adolescence, when identity and peer relationships become increasingly paramount (Chen et al., 2016; Yeager, 2017). Contact-based education exposes students to the stories of individuals who have recovered from adverse mental health experiences (Chen et al., 2016). The participants used this pedagogical approach to promote emotional scaffolding in their classrooms; as the students connected with others, they became more compassionate and empathetic (Rosiek & Beghetto, 2009). Empathy, which is developed during adolescence (Allemand et al., 2015), has been regarded as “the hallmark of resilience” (Benard, 2004, p. 97), and is also known to promote learning (Darragh & Petrie, 2019). Empathy provides an essential foundation in which an individual is able to express forgiveness and compassion, allowing them to care for and motivate other individuals (Benard, 2004). Additionally, empathy plays an essential role in promoting social and psychological well-being (Castillo et al., 2013). The participants fostered empathy in their *MW30* classrooms through contact-based education:

sharing narratives and discussing them with students. The teachers found that this helped reduce negative stigma associated with the mental health challenges being discussed. The findings from this study shows that experiences that promote developing empathy allows students to expand their level of cognition.

According to Rosiek and Beghetto (2009), empathy is “the quintessential union of emotion and imagination, and it involves ourselves imaginatively in another’s position in order to feel what they feel” (p. 189). These moments of empathy through imaginative engagement involved a degree of emotional risk-taking, which required the teachers to recognize and quickly respond to their students’ emotional needs (Lampert, 2005; Rosiek & Beghetto, 2009). In this study, the teachers remained mindful of their students’ emotions, giving them opportunities to disengage and encouraging them to continue with the lesson when they were ready. As the students became more self-aware, and gained control of their emotions, they became more motivated and engaged with the content resulting in development of independent social and emotional skills. Overall, the participants felt that contact-based education provided students with the opportunity to learn a vital life skill: how to express their emotions and deal with them constructively. Contact-based narratives included in the teacher resource provoked a shift in the teachers’ and students’ understandings of mental health challenges and stigma. Due to the fear of social exclusion, adolescents with mental health challenges tend to hide their problems from peers (Chen et al., 2016; Divin et al., 2018). However, in this study, the teachers felt that the course empowered their students to discuss their experiences with mental wellness challenges. As the students empathized with each other, stigma was reduced. These findings help support previous studies by Atkins and Rodger (2016) and Chen et al. (2016) on the destigmatizing effects of increasing student empathy.

After listening to the testimonials, the students examined how their views, biases, and beliefs influenced their understanding of others' experiences. The students were able to relate, configure connections, and see new possibilities. Noddings referred to the ability to create connections, as acts of confirmation, requiring individuals to put forth a "moral effort" (Noddings, 2010, p. 11), apply empathy outside their circle of friends and family, and "locate the good that may have been intended in an otherwise unacceptable act" (p. 172). In some cases, the speakers from the testimonials experienced a negatively stigmatized life and were consumed by alcohol or drug use, addictions, violence, abuse, and gangs. The teachers expressed that as the students came to understand what stigma feels like, its consequences and outcomes, the students expanded their knowledge on the concept that humans make mistakes, and that "just because someone makes a mistake, it doesn't make them a bad person." Substance abuse is among the most negatively stigmatized disorders, largely due to the focus on dangerous or criminal behaviour that can accompany it and neglect to understand its root cause, such as childhood trauma or undiagnosed mental illnesses (Tu et al., 2019). Enhancing students' awareness of the origins of mental illnesses and addictions drastically changed the negative stigma they associated with them. Chen et al. (2016) discovered a similar finding, highlighting the correlation between contact-based education and stigma reduction. This study has extended Chen et al.'s (2016) findings by adding to the literature on what teachers have observed in their students' cognitive, emotional, and behavioural engagement during contact-based education.

According to Skinner et al. (2008), humans have a deep desire for connection. Through contact-based education and support from the teachers, students were able to connect with their own thoughts and emotions, while also connecting with others. This emotional scaffolding provided students with the opportunities to share and explore their thoughts and feelings while



tending to their peers' thoughts and feelings as well, thus gaining empathetic skills. When students engaged with their peers and the course, they also gained relatedness. By creating a safe and welcoming classroom, the teachers were able to engage with the students and emotionally scaffold relatedness and empathy, thus developing emotional intelligence (Goleman, 1995).

### **Self-Awareness Through Mental Wellness-Based Activities**

Goleman (1995) articulated that an essential source of emotional intelligence is self-awareness. During class time, the teachers and students actively engaged in activities that enhanced their self-awareness. The participants co-created stress reduction, communication, responsible decision making, goal setting, and self-regulation skills with the students. By co-creating these skills, the participants were able to foster the students' self-awareness, self-monitoring, resiliency, and emotional engagement (Sharpiro, 2002). These factors are critical elements in maintaining and improving mental health and wellness (Crane & Boga, 2017; Woloshyn & Savage, 2018). Through active and reflective mental health and wellness routines, and emotional scaffolding, students in this study developed their self-awareness, allowing them to utilize their strengths to improve weaknesses, which research suggested contributes to resiliency development (Jalala et al., 2020; Myers et al., 2011; Park, 2016; Wolin & Wolin, 1993).

The teachers identified self-reflection as an essential aspect of emotional scaffolding. Through journal prompts, videos, and discussions, the teachers would ask students to explore their thoughts, feelings, and beliefs about a topic. The teachers ensured the students were aware that these assignments and journal entries would be kept confidential by the teacher unless an administrator or school counsellor needed to be notified. In this study, the teachers noted very positive journaling experiences, highlighting that students became more self-aware and confident

as they discovered their voices. The students' positive journaling experiences supports findings from Wolin and Wolin (1993), who suggested that resilience and well-being improve as individuals develop their identity. It was noted that some of the student entries served as a tool for strengthening adolescent resiliency and improving interactions between teachers and students.

### **Theme 3: Valuable Learning Occurs When Social Interactions are Embedded in Curriculum and Pedagogy**

This study's findings make a valuable contribution to the limited research on collaboration and co-construction of mental wellness knowledge at the secondary level. Vygotsky (1978) described language as having a central role in enhancing awareness and constructing meaning from one's lived experiences. Accordingly, Noddings (2008) believed that language is where "logic is learned, exercised, corrected, and applied" (p. 168). In this study, it was evident that language became the tool that participants used to construct meaning from their experiences, ask questions, and probe for further responses. Knowledge came to life through collaborative discussions where teachers and students expanded and negotiated what they were learning in co-creative ways (Bovill et al., 2011; Cefai, 2011). Through valuable collaboration, the teachers saw the students learning important life lessons, developing a caring classroom culture, and positively responding to interactions and discussions.

The teachers created a foundation of "attachment" in their classroom, which Noddings (2010) affirmed is a shared space where students feel comfortable discussing concepts openly as a group. During classroom discussions, the teachers noted that they remained mindful, open, and vulnerable to their students' feelings and needs to develop and maintain caring relationships with them. Through reflective and responsive acts, the teachers in this study gained their students'

trust. Noddings (2008) claimed that learning environments that promote trust unearth a rich climate where caring relationships between teachers and students can flourish.

During interviews with the teachers, it became apparent that open classroom discussions generated a shared quest for teacher and student understanding, which Noddings (2008) found as fundamental “to activating caring relationships” (p. 168). Through collaboration, the teachers and students co-created a safe space where real concerns were shared, connections were made, and knowledge was acquired as the students listened and learned from each other. As a result, the teachers gained an awareness of their students’ intellectual and emotional development complexities. This background knowledge helped the teachers tailor the lessons and open discussion to their students’ sensitivities and needs. As a result, students felt comfortable sharing personal experiences, which promoted a sense of normalcy and commonality in the classrooms.

Teacher participants expressed that building students’ self-confidence through positive reinforcement was critical to co-constructing a collaborative and trusting classroom culture. These findings are similar to previous studies, where positive feedback from teachers was found to motivate student engagement levels and further their pursuit of learning (Burns et al., 2019; Noddings, 1995; Shernoff et al., 2016). To build confidence, motivation, and participation during group discussions, the teachers linked students’ previous contributions to the new knowledge arising, requesting that their students elaborate on their ideas. Through positive feedback, encouragement, and prompts, the teachers in this study empowered students to be active and attentive contributors. According to evidence, when stigmatization is reduced, students are more open to sharing in class discussions without the fear of judgement, thus, reducing stigmatization even further, increasing help-seeking behaviours, and strengthening relationships (Woloshyn & Savage, 2018; Yanos et al., 2015).

During student group work, the teachers acted more as facilitators, helping their students develop social skills and ownership over their learning. Noddings (2008) discussed how group work could increase the opportunity to “strengthen caring relationships” (p. 171), which were fostered as the students began to express sympathy, empathy, enjoyment, and sadness for others. The practice of having students work together and positively express their emotions encouraged students to establish and improve their social skills. Developing positive social skills can “contribute to a life of caring and being cared for” (Noddings, 2008, p. 171), which in turn, means every interaction fosters the opportunity to construct caring relationships in the classroom. The participating teachers felt engaged when observing students working together and learning from one another about important topics of interest to them. They expressed that students enjoyed collaborative group work, which enhanced engagement, motivation, and deeper learning. Consistent with Larson et al. (2020) and Shernoff et al. (2017), this study supports collaborative discussions as a central facilitator to student engagement.

### **Implications for Theory: Co-Construction of Knowledge in the Zone of Proximal Development**

According to Fani and Ghamei (2011) and Vygotsky (1978), the zone of proximal development (ZPD) is a social space where individuals are challenged enough to remain focused and attentive, which enhances their ability to learn new concepts. As teachers and students interact to create the ZPD, a shared experience occurs. Goldstein (1999) expressed that co-constructing knowledge implies a powerful interpersonal connection between individuals collaboratively engaging in the learning process.

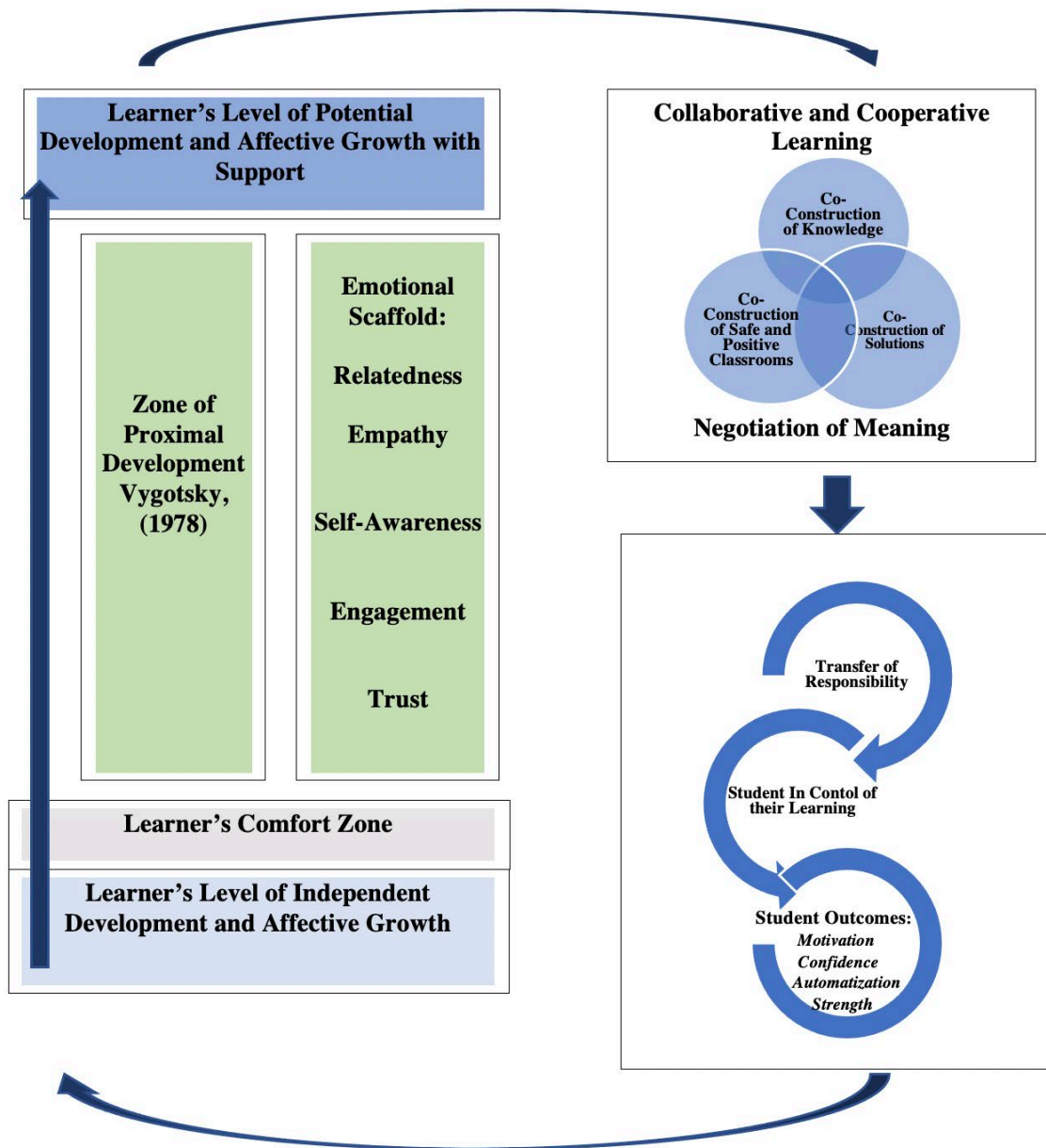
The teachers in this study repeatedly acknowledged that the students were interested in the *MW30* content. As a result of their students’ desire to learn more about mental wellness, the

teachers delivered an experience that fostered emotional, cognitive, and behavioural engagement. The teachers' pedagogical strategies were carefully implemented while the students were engaged, by doing so, the students could move through the ZPD and were challenged to grow and extend their learning experience.

As shown in Figure 3, each learner began their experience with a unique level of independent development and affective growth, cultivated from their personal experiences, strengths, and interests. As the teachers emotionally supported students by scaffolding relatedness, empathy, self-awareness, engagement, and trust, their students developed greater self-awareness, and the confidence to engage in social activities, as a result the students were able to enter their ZPDs. Vygotsky (1978) described the ZPD as “the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers” (p. 86). Goldstein (1999) extended the idea of the ZPD, describing it as an affective zone established through fostering trust and building relationships, which was a vital first step for the meaningful co-construction of knowledge. Emotional scaffolding encouraged students to move beyond their comfort zone to a space where they could explore and develop their unrealized potential and the confidence to engage in collaborative and cooperative learning. Additionally, students learned to control and manage emotions such as anxiety and frustration while learning a new skill and facing a new challenge. As the teachers and students negotiated meaning from what they were learning, the teachers observed a transfer of responsibility: Students began to take control over their learning while the teachers facilitated the experience. Vygotsky (1986) said, “What the child can do in cooperation today he can do alone tomorrow” (p. 189).

**Figure 3**

*Conceptualization of Co-Construction of Knowledge and the ZPD*



*Note.* Figure 3 represents an understanding of how students' cognitive and emotional development occurs through social interaction with more knowledgeable peers or adults.

As the students developed efficacy and mastery from the guidance, support, and feedback they received, the teachers observed growing confidence in their students' knowledge and skills. This is an important observation, considering Walker (2010) claimed that students who achieve mastery are more likely to appreciate the value and relevance of what they have learned. This transfer of control contributed to greater student motivation.

This study's results contribute to the broader discussion on how mental health and wellness literacy promotion could improve adolescent well-being. Across the board, research has expressed the urgent need for mental health and wellness initiatives that increase knowledge, reduce stigma, develop self-awareness and self-care, and improve help-seeking behaviours. (Bates & Eccles, 2008; Campos et al., 2018; Chen et al., 2016; Kutcher et al., 2015; Rickwood et al., 2007; Wei et al., 2015). The *MW30* curriculum and teacher resources answer the call for that need, and this study has provided insight into the experiences of teachers and their students who undertook it.

### **Recommendations for Future Research**

I recommend that further research on mental health and wellness education includes interviews with students and alternate methods of course delivery. As participants, students could offer insight into their experiences with the *MW30* curriculum. While this study was situated in face-to-face classrooms, further studies could investigate how an online environment might play a role in motivating and engaging adolescents.

The teachers in this study were forthcoming about what they perceived as the limitations of teaching *MW30*. While all participants acknowledged the importance of promoting mental health and wellness awareness in their roles as teachers, they also identified limitations to their role. Participating teachers agreed that without the teacher resource's support, they might not

have been able to deliver the *MW30* curriculum in the same meaningful way. The four teachers in this study felt somewhat prepared to teach *MW30* based on their lived experiences with mental health challenges and teacher resource support. However, it was evident from their interviews that they would have benefited from more prior education to support mental health and wellness challenges in their classrooms. They advised that post-secondary institutions should consider developing a mental health and wellness course for undergraduate education students.

Many first-year teachers feel unprepared to recognize mental health problems, manage classrooms effectively, integrate social and emotional learning skills, or create safe, positive, and caring classrooms (Schonert-Reichl, 2017). To empower teachers with the confidence and knowledge to educate their students and direct them to professional services if required, training for current and pre-service teachers would be beneficial (Atkins & Rodger, 2016; Carr et al., 2018; Graham et al., 2011, Kutcher et al., 2009; Kutcher et al., 2016; Rodger et al., 2014). Research has suggested that teachers' early recognition of mental health challenges is critical for adolescents receiving the care they need (Andrews et al., 2013; Atkins & Rodger, 2016, Carr et al., 2018; De Anstiss et al., 2009, Edling & Frelin, 2013; Kutcher et al., 2013; Kutcher et al., 2016, Meldrum et al., 2009). By supporting pre-service teachers with a course that focuses on improving their mental health and wellness literacy, universities can help build proactive skills and promote their future pre-service teacher's well-being (Atkins & Rodger, 2016; Carr et al., 2018; Gagnon et al., 2017; Woloshyn & Savage, 2018).

In Canada, only two out of 60 teacher preparation programs focus on mental health and wellness, even though the results of these programs have increased mental health literacy, teacher efficacy in personal wellness, emotional awareness, and help-seeking behaviours (Carr et al., 2018; Atkins & Rodger et al., 2016; Rodger et al., 2014; Woloshyn & Savage, 2018). Based



on these findings and the recommendations from this study's participants, I advise promoting mental health and wellness courses within Saskatchewan's post-secondary teacher training programs.

## **Conclusion**

Although there are other curricula available, which address mental health literacy as a module within the context of a related course, those courses lack the fundamental foundation of contact-based education, which provides social and emotional learning and wellness. (Kutcher et al., 2013; Kutcher et al., 2015; McLuckie et al., 2014; Millin et al., 2016). This study expanded on the limited mental health literacy units by providing insight into a comprehensive 30-level credit course that includes all aspects of mental health and wellness. Building on Kutcher et al.'s (2015) definition of mental health literacy, the *MW30* curriculum included social and emotional learning, wellness strategies, and contact-based education.

Social constructivism framed this research, which demonstrated that positive social interactions facilitated teachers' and students' co-construction of knowledge, leading to increased emotional, cognitive, and behavioural engagement. The teachers felt they had co-constructed a mental toolbox with their students, which they could draw from to enhance resilience, protective factors, and invest in their self-care. Furthermore, the teachers saw an increase in their students' empathy, which instilled a sense of belonging and reduced stigma. As a result of teaching *MW30*, teachers saw improvements in their students' mental health literacy, social skills, and emotional skills.

The participants observed their students processing, internalizing, and applying cognitive and emotional knowledge gained through meaningful and collaborative experiences. Importantly, they expressed enjoying emotionally supporting their students during times of deep

engagement by remaining attentive, supportive, and caring. Positive interactions instilled a higher level of thinking, giving students the opportunity to emotionally and cognitively expand their ZPD. Overall, this study found that the *MW30* curriculum, and its accompanying resources, helps teachers provide and co-create learning experiences that motivate the students to understand and utilize proactive skills to maintain their mental health and wellness as they enter adulthood.

The teachers in this study repeatedly mentioned that they enjoyed teaching *MW30*, and that their students enjoyed learning it. The importance of making school enjoyable for adolescents must not be underestimated. The majority of individuals will experience their first encounter with a mental health disorder during adolescence, which is also when they are engaged in secondary education (Woloshyn & Savage, 2018). Classroom engagement protects against high rates of youth drop-out, the rise of adolescent mental health disorders, and increased suicide rates (Fredricks et al., 2019; Malla et al., 2016; Woloshyn & Savage, 2018). This study demonstrated the positive difference that teachers are able to make in a student's life when provided with accessible resources and opportunities. With those resources and opportunities, teachers are able to foster motivation and engagement in their students, both of which are vital components of encouraging students to stay in school. (Fredricks et al., 2019; Froiland & Worrell, 2016; Wang & Eccles, 2012; Wang & Eccles, 2013).

In 2020, we found ourselves paralyzed by a worldwide pandemic, which has only underscored society's current mental health challenges. The consequences of disregarding mental health within our educational system will continue to negatively impact society until awareness and self-care become the forefront of an individual's learning experience. Educating students in mental health and wellness and assisting them in developing healthy coping strategies

to deal with life's many challenges will undoubtedly benefit society today, tomorrow, and for many years to come. Supporting the implementation of a mental wellness curricula within the education system could potentially improve the lives of many students.

Healthy adolescents are the underpinnings for a vibrant and robust future for Canada (Bates & Eccles, 2008; Malla et al., 2016). Their attitudes and beliefs will shape the development of help-seeking behaviours, services, and quality of life for those experiencing mental health challenges in years to come. Learning experiences that meet our students' wellness and mental health needs must become a priority in curriculum development and implementation (Bates & Eccles, 2008; Brown, 2016). It is time to start thinking about adolescents learning in the 21st century and the positive impacts that quality wellness, mental health education, and support can have on teachers' and students' well-being (Bates & Eccles, 2008; Kilborn, 2012; Kutcher et al., 2013; Kutcher et al., 2015). The time has come to start investing in mental wellness, so every individual has the opportunity to reach their highest potential.

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## **Appendix A: Transcript Release Form**

### **TRANSCRIPT RELEASE FORM**

I, \_\_\_\_\_, have reviewed the complete transcript of my interviews within this study, and have been provided with the opportunity to add, alter, and /or delete information from the transcript as appropriate. I give permission for Elaina Guilmette to have this transcript and use it in the manner described in the consent form.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

## **Appendix B: Interview Letter of Consent**

Dear Colleague,

### **Student-Researcher Introduction:**

My name is Elaina Guilmette and I am a PhD graduate student in the Department of Curriculum Studies at the University of Saskatchewan, and an online teacher at the Sun West Distance Learning Center in Kenaston, SK. I am studying under my supervisor, Dr. Brenda Kalyn, a Professor in the Department of Curriculum Studies, College of Education, University of Saskatchewan. You are invited to participate in a research study entitled: *The Experiences of Four Teachers Co-Constructing Mental Wellness Knowledge*.

### **Purpose of the Research:**

This study focuses on your *Mental Wellness 30 (MW30)* class that you were teaching this past term. The curriculum for this class was about: self-awareness; mental health and wellness for students, families and communities; and encouraging students to set goals and take ownership of personal wellness.

The focus of this study is to explore your teaching experiences and students' learning experiences within this *MW30* course this past term. As the classroom teacher, you are in the best position to provide rich detailed descriptions of your experiences within this mental wellness learning initiative. Your participation may inform teaching and learning within this *MW30* course. Your knowledge and experiences could benefit other students and teachers who participate in this course, at another time, by providing insightful information about co-constructing knowledge with your students, what you have learned, liked, found challenging, and by offering suggestions for improvement.

### **Procedures:**

If you consent to participate, you will be invited to participate in two online individual 60 minute interviews. The interviews will take place and be recorded online through the secure Microsoft Teams platform. You have the right to answer any, none, or all of the questions you are comfortable with. You may ask to have the recording device turned off at any time you would like to say something that you do not want recorded. The questions are related to your *MW30* teaching experience, the students' learning experiences, the curriculum, providing advice for teachers, and personal growth. Once the recordings have been transcribed, you will be given two weeks to approve the transcripts. I will contact you via email or phone to see if there are any revisions. You can add, delete or change information to reflect what you want to say. You will be asked to sign a Letter of Consent for Release of Transcripts.



**Right to Withdraw:**

Participation is voluntary. If you are uncomfortable at any time you may choose not to answer a question or you may withdraw completely without any penalty and no questions will be asked. Whether you choose to participate or not will have no effect on your position (e.g., employment, academic status, access to services) or how you will be treated. Your identity will be protected at all times and you will be given a pseudonym (fake name) if your quote/s are used. Your school and students will not be identified to protect all confidentiality. If you choose to withdraw from the study the data cannot be destroyed after the transcribing has begun. If you choose to withdraw before the end of the interviews, the data from your personal interview will be destroyed.

**Potential Risks:**

There are no foreseeable risks for you as a participant in the two individual interviews.

**Anonymity and Confidentiality:**

The results of this study will be reported within my PhD Dissertation, possibly within academic journals, and/or educational conferences. All data will be theme related so no one person will be identifiable at any time. Because the participants for this study will be selected from a small group of people who have taught *MW30* this past year, there is possibility that you may be identifiable to other people as a participant in this study. We will remove identifying information and protect your anonymity. Your identity will be kept confidential. Although I may report direct quotations from your interview, you will be given a pseudonym, and all identifying information (name of your school) will be removed from the report.

**Follow up:**

Results from the study will be shared with the participating teachers. A general email will be sent to all participating teachers sharing the results and summary of the study. You may also contact the researcher directly for a copy of the final paper.

**Storage of Data:**

Results will remain completely confidential and all of the information provided will be stored on a password-protected device by the researcher in a locked cabinet in her personal locked office at the home of the researcher. The signed consent forms will be stored separately from the data collected. At the end of the research all data, including audio recordings, transcripts, and interview summaries as well as consent forms will be securely stored by Dr. Brenda Kalyn on a protected USask system called OneDrive. Research records must be retained for a period of five years post publication in accordance with the University of Saskatchewan ethics guidelines and policy.

**Questions or Concerns:** If you have any questions concerning this study, please feel free to contact us at any point. This research study has been approved on ethical grounds by the

University of Saskatchewan Behavioral Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office: [ethics.office@usask.ca](mailto:ethics.office@usask.ca); 306-966-2975; out of town participants may call toll free 1-888-966-2975. You may also contact the student researcher Elaina Guilmette at 306-252-1000 or [efy717@mail.usask.ca](mailto:efy717@mail.usask.ca).

**Participant Consent:**

- I have had the opportunity to ask questions and my questions have been answered.
- I have read and understand the description provided above.
- I consent to participate in this study described above, understanding that I may withdraw this consent at any time.
- A copy of this consent form has been given to me for my records.

Your signature below indicates that you have read and understand the description provided;

_____ Signature of Participant	_____ Date
_____ Signature of Researcher	_____ Date

**Oral Consent:**

I read and explained this consent form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

_____ Name of Participant	_____ Researcher's Signature	_____ Date
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## **Appendix C: Individual Interview Part One**

To protect your anonymity and identity, please choose a pseudonym of your choice:

### **Background**

1. How many years have you been teaching at the secondary level?
2. Has your teaching changed since you began in the teaching profession? Please elaborate.
3. How do your students learn best? (Independently or in a group)
4. What challenges do you face in your classroom?
5. How do you work through those challenges?
6. Describe your relationship with your students.
7. Is there a perceived stigma associated with seeking mental health support within your school and community?

### **Mental Wellness Curriculum**

1. What prior knowledge did you have about wellness and mental health education?
2. Did you feel prepared to teach *MW30*? A) What do you think prepared you? B) Course work/professional development? C) Previous teachers and experiences in your own schooling?
3. Why were you interested in teaching the *MW30* curriculum to your students? Was there a perceived need for the *MW30* course?
4. Did the class climate promote a healthy dialogue around mental health and wellness?
5. What did you learn about your students in relation to their perceived experiences during this course?

6. Do your students have a clearer understanding of various mental health issues, illnesses, and addictions as a result of *MW30*?
7. Has your mental health and wellness literacy changed while teaching the *MW30* course?
8. How useful and /or effective were the resources provided for this course?
9. Do you believe your students were engaged with the course?
10. What does student engagement look like in the classroom?
11. Did your students co-create knowledge about mental health and wellness? Please elaborate.
12. What were your successes teaching *MW30*?
13. What were your challenges teaching MW 30?
14. Is there anything else you would like to share?

## **Appendix D: Teacher Focus Group Questions**

### **Teaching Mental Wellness 30**

1. What was your overall experience engaging in the *MW30* curriculum and course with your students?
2. What does the term mental wellness literacy mean to you?
3. Have you noticed changes in your student's mental health and wellness concerns over the last ten years? Please elaborate.
4. What issues do you observe with your students in relation to their mental health and wellness?
5. From your experience teaching the *MW30* curriculum so far, how important do you feel it is to teach *MW30* at the secondary level? Please explain.
6. What other kinds of supports would be helpful in teaching *MW30*?
7. What mental health and wellness supports are available to your students?
8. What excites you most as a teacher of *MW30*?
9. What are you most afraid/anxious about as a teacher of *MW30*?
10. Were there any concepts and or topics that you found challenging to have group discussions about?
11. What combination of training and experience do you feel will be an asset to other teachers delivering the *MW30* curriculum?

## Classroom Knowledge and Experiences

1. From your perspective, how did your students engage with the *MW30* course content and activities?
2. What parts of the course did your students seem to enjoy the most?
3. What areas of the course did your students appear to find challenging?
4. What effective teaching strategies have you implemented to make teaching this course successful?
5. Were there any conversations that occurred after the testimonials that were reflective of knowledge growth?
6. From your observations and interactions in the classroom, do you see your students co-constructing knowledge within this curriculum? Please elaborate
7. Do you feel that you co-constructed knowledge with your students? In what ways?
8. Please elaborate on any supplemental resources you used over the semester to co-construct knowledge with your students.
9. Did any of the students who took *MW30* go on to serve as champions for mental wellness, continuing the dialogue with their peers and/or teachers?
10. Is a blended format an appropriate way to teach the course?
11. Have your personal and professional identities changed as a result of teaching *MW30*?
12. What recommendations would you give other teachers wanting to teach *MW30* in a blended face-to-face classroom?

## **Appendix E: Individual Teacher Interview Part Two**

- *Further questions will develop after analyzing the data from the first interview and the focus group.*
1. What was something interesting you learned from the other colleagues in the focus group?
  2. Was there a time you disagreed with what another person said?
  3. Could you relate to the other teachers' experiences teaching the *MW30* course?
  4. What are some of your suggestions for improving and protecting secondary students' mental wellness?
  5. Did you feel that as a group of teachers you co-constructed knowledge together about mental health and wellness? If so, how did this happen?

## **Appendix F: Director of Education Consent to Research**

Sounds like interesting research to help gauge the success of our new course. We give you permission Elaina to conduct this research as long as you have followed the guidelines you have presented here. You will need the consent of all those individuals you intend to observe. Good luck with your research Elaina!

Guy

**Guy G. Tétrault, EdD, Director of Education/CEO**

**Phone:** (306) 882-2677 **URL:** [www.sunwestsd.ca](http://www.sunwestsd.ca)

**Email:** [guy.tetrault@sunwestsd.ca](mailto:guy.tetrault@sunwestsd.ca) **Twitter:** @fransaskois





## Appendix G: Initial Contact Letter

Hello,

Thank you for your interest in this study titled: *The Experiences of Teachers Co-Constructing Mental Wellness Knowledge*.

The goal of this research is to examine your experiences teaching *Mental Wellness 30 (MW30)* this past term and to hear from you about the strategies and tools you used in your classroom.

The project will study your experiences teaching and co-constructing mental wellness knowledge with your students. If you consent to participate, you will be invited to participate in two online individual 60 minute interviews, and one online 60 minute focus group interview with three other teachers. The interviews will take place and be recorded online through the secure Microsoft Teams platform.

You are not required to participate but the more information we have the better we will be able to understand the *Mental Wellness 30* classroom experience.

If you have any questions please let us know and I will arrange for us to meet and talk.

Thank you for your consideration.

Elaina Guilmette, Researcher  
efy717@mail.usask.ca  
Kenaston, SK  
306-252-1000

Dr. Brenda Kalyn, Supervisor  
brenda.kalyn@usask.ca  
College of Education, Curriculum Studies  
306-966-7566

## **Appendix H: Focus Group Letter of Consent**

Dear Colleague,

### **Student-Researcher:**

My name is Elaina Guilmette and I am a PhD graduate student in the Department of Curriculum Studies at the University of Saskatchewan, and an online teacher at the Sun West Distance Learning Center in Kenaston, SK. I am studying under my supervisor, Dr. Brenda Kalyn, a Professor in the Department of Curriculum Studies, College of Education, University of Saskatchewan. You are invited to participate in a focus group as part of a study entitled: *The Experiences of Four Teachers Co-Constructing Mental Wellness Knowledge*. Please read this form carefully, and feel free to ask questions you might have.

### **Purpose and Procedure:**

The focus of this study is to explore your teaching experiences and students' learning experiences within this *MW30* course this past term. As the classroom teacher, you are in the best position to provide rich detailed descriptions of your experiences within this mental wellness learning initiative. Your participation may inform teaching and learning within this *MW30* course. We have had one individual interview, and now I wish to talk with you and three other teachers about your experience. If you are interested, you are being asked to:

1. Spend approximately one hour discussing online your experiences with three other teachers and myself.
2. Share your *MW30* teaching experience, the students' learning experiences, the curriculum, providing advice for teachers, and personal growth.
3. Share your thoughts about how *MW30* helps you to engage in learning.

The focus group will take approximately one hour of your time. This focus group will be facilitated by myself, and will be recorded for accuracy and to create a transcript of the meeting. The recordings will be transcribed by myself and take place online through the secure Microsoft Teams platform.

### **Potential Risks:**

Because the participants for this study will be selected from a small group of people who have taught *MW30* this past year, there is possibility that you may be identifiable to other people as a participant in this study. We will remove identifying information and protect your anonymity.

**Storage of Data:**

Results will remain completely confidential and all of the information provided will be stored on a password-protected device by the researcher in a locked cabinet in her personal locked office at the home of the researcher. At the end of the research all data, including audio recordings, transcripts, and interview summaries as well as consent forms will be securely stored by Dr. Brenda Kalyn on a protected USask system called OneDrive. Research records must be retained for a period of five years post publication in accordance with the University of Saskatchewan ethics guidelines and policy.

**Anonymity and Confidentiality:**

The results of this study will be reported within my PhD Dissertation, possibly within academic journals, and/or educational conferences. All data will be theme related so no one person will be identifiable at any time. Your identity will be kept confidential. All consent forms will be stored separately from the focus group data. Although we may report direct quotations from your interview, you will be given a pseudonym, and all identifying information (name of your school) will be removed from the report. The researcher will undertake to safeguard the confidentiality of the discussion, but cannot guarantee that other members of the group will do so. Please respect the confidentiality of the other members of the group by not disclosing the contents of this discussion outside the group, and be aware that others may not respect your confidentiality.

**Right to Withdraw:**

Your participation is voluntary and you can participate in only those discussions that you are comfortable with. You may withdraw from the research project for any reason, without explanation or penalty of any sort. Whether you choose to participate or not will have no effect on your position (e.g., employment, academic status, access to services) or how you will be treated. Should you wish to withdraw, you may leave the group meeting at any time; however, data that have already been collected cannot be withdrawn as it forms part of the context for information provided by other participants. The focus group interviews do not identify participants and this data accumulated will remain a part of the transcripts. It will not be possible to delete any responses made prior to leaving the discussion but your identity will not be known on the transcripts. Group discussions provide anonymity on the transcripts; therefore, you will not be asked to approve transcripts.

**Follow up:**

Results from the study will be shared with the participating teachers. A general email will be sent to all participating teachers sharing the results of the study. You may also contact the researcher directly for a copy of the final paper.

**Questions or Concerns:**

If you have any questions concerning this study, please feel free to contact us at any point. This research study has been approved on ethical grounds by the University of

Saskatchewan Behavioral Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office: [ethics.office@usask.ca](mailto:ethics.office@usask.ca); 306-966-2975; out of town participants may call toll free 1-888-966-2975. You may also contact the student researcher Elaina Guilmette at 306-252-1000 or [efy717@mail.usask.ca](mailto:efy717@mail.usask.ca).

### **Participant Consent:**

- I have read and understand the description provided above.
- I consent to participate in the study described above, understanding that I may withdraw this consent at any time.
- I am aware that because the participant group is small, there is a possibility that I might be identifiable as a participant, but I understand that my name will not be released or otherwise personally identify me.
- A copy of this consent form has been given to me for my records.

Your signature below indicates that you have read and understand the description provided;

---

(Name of Participant)

---

(Date)

---

(Signature of Participant)

---

(Signature of Researcher)

### **Oral Consent:**

I read and explained this consent form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

---

Name of Participant

---

Researcher's Signature

---

Date